UNITED STATES DISTRICT COURT

for the

Northern District of Calfornia

ARMAND FLOREZ Plaintiff v. ARNOLD SCHWARZENEGGER, et al., Defendant)	Civil Action No.	C-07-5763-TEH (PR)
Summons	in a Ci	ivil Action	
To: (Defendant's name and address)			
"Pls. See Attachment for the Info."			
Within 20 days after service of this summor on the plaintiff an answer to the attached complaint or a manswer or motion must be served on the plaintiff's attorn Armand Florez P.O. Box 2022 North Hills, California 91393-2022	otion u	nder Rule 12 of the Fed	deral Rules of Civil Procedure. The
If you fail to do so, judgment by default will be entered a must file your answer or motion with the court.	against	you for the relief dema	anded in the complaint. You also
·		42	khand W. Wieking
Date:April 30, 2008			Name of clerk of court The ma Nudo Deputy clerk's signature

Proof of Service

I declare under penalty o by:	of perjury that I served the summons	and complaint in this case on,
(1) personally deliv	vering a copy of each to the individu	al at this place,
		; or
	of each at the individual's dwelling or re and is of suitable age and discreti	or usual place of abode withon; or
(3) delivering a cop	by of each to an agent authorized by	appointment or by law to receive it whose name is
		; or
(4) returning the su	mmons unexecuted to the court cler	k on; or
(5) other (specify)		
·		
My fees are \$	for travel and \$	for services, for a total of \$
Date:		
	•	Server's signature
		Printed name and title
	,	
		Server's address

ATTACHMENT

TO: (Name & Address of Defendant(s))

N. Grannis, Chief
Inmate Appeals Branch
Department of Corrections & Rehabilitation
1515 S Street
P.O. Box 942883
Sacramento, California 94283-0001

- S.M. Evans, Warden
- G. Lewis, Chief Deputy Warden
- A. Hedgpeth, Chief Deputy Warden
- G. Netti, Chief Deputy Warden
- D. M. Mantel, Captain
- E. Jones, Captain
- S. Torrez, Psychiatrist
- A. Williams, Correctional Counselor II
- T. Variz, Correctional Counselor II (Appeals Coordinator)

Eloy Medina, Correctional Counselor II (Appeals Coordinator)

- R. Mojica, Lieutenant
- R. A. Kessier, Lieutenant
- S. Hatton, Lieutenant
- D. Galloway, Sergeant

Oyarzabal, Sergeant

- R. Boucher, Sergeant
- K. Johnson, Sergeant
- D. Teat, Correctional Officer

Santos, Correctional Officer

Kuzmicz, Correctional Officer

Esser, Correctional Officer

C. Lopez, Correctional Officer

Avalos, Correctional Officer

A. Bender, Correctional Officer

Devillar, Correctional Officer

Morrison, II, Correctional Officer

K. Gilmore, Correctional Officer

M. P. Modre, III, Chief Disciplinary Officer

B. Rankin, Captain

R. Baccellais, Captain

Hughes, Correctional Counselor II

-2-

R. Parin, Lieutenant N. Clerk, Sergeant Hogan, Sergeant B. Jansen, Sergeant Thomas, Sergeant Best, Sergeant California Department of Corrections & Rehabilitation Salinas Valley State Prison 31625 Hwy 101 P.O. Box 1050 Soledad, California 93960

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Armand Florez				COURT CASE NUMI C-07-5763-TEH (F	
DEFENDANT		-	-	TYPE OF PROCESS	
Arnold Schwarzene	gger, et al.			Summons, Compla	aint & Order
NAME OF INDIVID	UAL, COMPANY, O	CORPORATION, ETC	C. TO SERVE OR DES	SCRIPTION OF PROPERTY T	O SEIZE OR CONDEM
SERVE AT N. Grannis, Chica ADDRESS (Street or				ons & Rehabilitation	
	D. Box 942883, S	Sacramento, Califo	ornia 94283-0001		
SEND NOTICE OF SERVICE COPY TO	O REQUESTER AT	NAME AND ADDRE	ESS BELOW	Number of process to be served with this Form 285	3
Armand Florez P. O. Box 2022	- 01202 2022			Number of parties to be served in this case	38
North Hills, Californi	a 91393-2022			Check for service on U.S.A.	
Signature of Attorney other Originator re	questing service on t	_	FLAINTIFF	TELEPHONE NUMBER	DATE
SPACE BELOW FOR U	ISE OF IIS		DEFENDANT NO NO	(415) 522-2067	4/30/08
I acknowledge receipt for the total To	tal Process District	_		ized USMS Deputy or Clerk	Date
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Origin No	Serve			
I hereby certify and return that I \square have on the individual, company, corporation,					
☐ I hereby certify and return that I am	unable to locate the i	ndividual, company, c	corporation, etc. named	above (See remarks below)	
Name and title of individual served (if no	t shown above)				table age and discretion defendant's usual place
Address (complete only different than sho	own above)			Date	Time
				Signature of U.S. M	larshal or Deputy
Service Fee Total Mileage Charge including endeavors)		Total Charges	Advance Deposits	Amount owed to U.S. Marsl (Amount of Refund*)	nal* or
				\$0.0	00
REMARKS:					

PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Armand Flore	z				I .	T CASE NUMB 5763-TEH (P		
DEFENDANT					ТҮРЕ	OF PROCESS		
Arnold Schwa	rzenegger, et a	1.			Summ	ons, Complai	int & Or	der
NAME OF IN	DIVIDUAL, COM	PANY, CORI	PORATION. ETC	. TO SERVE OR DE	SCRIPTION OF	PROPERTY TO	SEIZE C	R CONDEMN
	s, Warden, Cali			rections & Rehab	ilitation, Sali	nas Valley St	ate Priso	on
***	101, P.O. Box							
SEND NOTICE OF SERVICE C					Number of	process to be		
		***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		this Form 285	3	
Armand Florez P. O. Box 2022 North Hills, Ca	lifornia 91393-	2022			Number of served in th	parties to be is case	38	
North Tillis, Ca	Horma 91393-	2022			Check for s on U.S.A.	ervice		
64			6.6				—	
Signature of Attorney other Origi	nator requesting ser	rvice on behal		PLAINTIFF DEFENDANT	TELEPHONE NU (415) 522-2		DATE 4/30/	08
Signature of Attorney other Origi				DEFENDANT	(415) 522-2	067	4/30/	
SPACE BELOW FO acknowledge receipt for the tota number of process indicated. Sign only for USM 285 if more	OR USE OF	U.S. MA District of Origin	ARSHAL O	DEFENDANT	(415) 522-2 OT WRITI	067 E BELOW	4/30/	
SPACE BELOW FO acknowledge receipt for the tota number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted)	OR USE OF Total Process	U.S. MA District of Origin No	District to Serve	NLY DO NO	(415) 522-2 OT WRITI	067 E BELOW outy or Clerk	4/30/ THIS	LINE Date
SPACE BELOW FO acknowledge receipt for the tota umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I	DR USE OF Total Process have personally	District of Origin No	District to Serve No	NLY DO NO Signature of Autho	(415) 522-2 OT WRITI rized USMS Dep	Depth of the second of the sec	THIS	Date ess described
SPACE BELOW FO acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted)	Total Process have personally oration, etc., at the	District of Origin No	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) 522-2 OT WRITI rized USMS Dep executed as sho any, corporation	DE BELOW outy or Clerk Own in "Remarks, etc. shown at the	THIS	Date ess described
space Below For acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I for the individual, company, corp	Total Process have personally oration, etc., at the at I am unable to lo	District of Origin No served , haddress shown	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	executed as shoany, corporation	DE BELOW outy or Clerk Own in "Remarks, etc. shown at the	THIS ", the proce e address	Date Date ess described inserted below.
space below for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I for the individual, company, corp I hereby certify and return the lame and title of individual server	have personally oration, etc., at the at I am unable to lod (if not shown about	District of Origin No served , haddress shown	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	executed as shoany, corporation	DEBELOW Duty or Clerk Down in "Remarks, etc. shown at the nearks below) A person of suitathen residing in cof abode	THIS ", the proce e address	Date Date ess described inserted below.
space below for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I for the individual, company, corp I hereby certify and return the lame and title of individual server	have personally oration, etc., at the at I am unable to lod (if not shown about	District of Origin No served , haddress shown	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	executed as shoany, corporation dabove (See rem	DEBELOW Duty or Clerk Down in "Remarks, etc. shown at the nearks below) A person of suitathen residing in cof abode	4/30/ THIS ", the proce e address able age ardefendant."	Date ess described inserted below. and discretion is usual place
SPACE BELOW FO Tacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Thereby certify and return that I con the individual, company, corp I hereby certify and return the Name and title of individual server Address (complete only different of	have personally oration, etc., at the at I am unable to lod (if not shown above) Charges Forward	District of Origin No served , haddress show ocate the indivious)	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	executed as sho any, corporation d above (See rem	Deep to U.S. Marshadd t	", the proce address able age andefendant.	Date ess described inserted below. and discretion is usual place
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I con the individual, company, corp I hereby certify and return the Name and title of individual served. Address (complete only different of the control of th	have personally oration, etc., at the at I am unable to lod (if not shown above) Charges Forward	District of Origin No served , haddress show ocate the indivious)	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comporporation, etc. named	executed as shoany, corporation diabove (See rem	Deep to U.S. Marshadd t	", the proce address able age ardefendant." Time	Date ess described inserted below. and discretion is usual place

- PRINT 5 COPIES: I. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT						TYPE OF PROCESS	-/	
Arnold Schwarz	enegger, et al	l.			S	Summons, Compla	int & O	rder
NAME OF IND	VIDUAL, COM	PANY, CORI	PORATION. ETC	. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (OR CONDEM
SERVE G. Lewis, Ch.	ief Deputy Wa	arden, Cali	fornia Departr	nent of Correction	ns & Rel	habilitation, Salina	s Valley	State Pris
AT ADDRESS (Stre	et or RFD, Apart	tment No., Cit	ty, State and ZIP (Code)				
31625 Hwy 1	01, P.O. Box	1050, Sole	dad, California	a 93960				
END NOTICE OF SERVICE COR	Y TO REQUES	TER AT NAM	ME AND ADDRE	SS BELOW	Num	ber of process to be		
					serve	d with this Form 285	3	
Armand Florez					Num	ber of parties to be		
P. O. Box 2022	omio 01202	2022				d in this case	38	
North Hills, Calif	оппа 91393-	2022			Chec on U	k for service		
Signature of Attorney other Origina	tor requesting ser	rvice on behal		PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
ignature of Attorney other Origina	tor requesting ser	rvice on behal		PLAINTIFF DEFENDANT		NE NUMBER 522-2067	DATE 4/30/	
Signature of Attorney other Origina SPACE BELOW FO				DEFENDANT	(415) 5	522-2067	4/30/	/08
SPACE BELOW FO				NLY DO N	(415) 5 OT WI	522-2067	4/30/	/08
SPACE BELOW FOR acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	R USE OF	U.S. MA	ARSHAL O	NLY DO N	(415) 5 OT WI	S22-2067 RITE BELOW	4/30/	LINE
SPACE BELOW FO acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I	R USE OF Total Process have personally	U.S. MA District of Origin No	District to Serve No	NLY DO NO Signature of Author	(415) 5 OT WI	S22-2067 RITE BELOW 1S Deputy or Clerk as shown in "Remarks	4/30/ 7 THIS	Date
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corport	Total Process have personally ation, etc., at the	U.S. MA District of Origin No	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS	Date
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corportion I hereby certify and return that	R USE OF Total Process have personally ation, etc., at the	District of Origin No served , haddress show the cate the indiv	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS s", the proone address	Date Date Date Date Date Date
space below for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporal I hereby certify and return that same and title of individual served	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown about the content of the content	District of Origin No served , haddress show the cate the indiv	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the lee remarks below) A person of suit	4/30/ 7 THIS s", the proone address able age a defendant	Date Date Date Date Date Date
space below for the total umber of process indicated. Sign only for USM 285 if more can one USM 285 is submitted) thereby certify and return that I not the individual, company, corporation I hereby certify and return that it ame and title of individual served	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown about the content of the content	District of Origin No served , haddress show the cate the indiv	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in	4/30/ 7 THIS s", the proone address	Date Date Date Date Date Date
acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more and one USM 285 is submitted) thereby certify and return that I not the individual, company, corportal I hereby certify and return that idame and title of individual served.	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown about the content of the content	District of Origin No served , haddress show the cate the indiv	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30/ 7 THIS s", the proof the address able age a defendant Time	Date Date Date Date Date Date Date
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corpor-	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown above) tharges Forward	District of Origin No served , haddress show the cate the indiviously.	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI orized USM e executed pany, corporated above (S	as shown in "Remarks oration, etc. shown at the residing in of abode Date	4/30/ 7 THIS s", the proone address table age a defendant Time arshal or I	Date Date Date Date Date Date Date
space below for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I on the individual, company, corporal I hereby certify and return that same and title of individual served. Address (complete only different that service Fee Total Mileage Corporation of the individual served.	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown above) tharges Forward	District of Origin No served , haddress show the cate the indiviously.	District to Serve No	NLY DO NO Signature of Author e of service, □ have the individual, comporation, etc. name	OT WI orized USM e executed pany, corporated above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date Signature of U.S. Marsh	4/30/ 7 THIS s", the proone address table age a defendant Time arshal or I	Date Date Date Date Date Date Date

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Case 3:07-cv-05763-TEH Document 12 Filed 04/30/2008 Page 8 of 42 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez						COURT CASE NUME C-07-5763-TEH (P			
DEFENDANT					_		TYPE OF PROCESS		_	
	Arnold Schwarze	negger, et a	l.			:	Summons, Compla	int & O	rder	
	NAME OF INDIV	IDUAL, COM	PANY, CO	RPORATION. ET	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE	OR CONI	DEMN
SERVE						ctions &	Rehabilitation, Sa	linas V	alley Sta	ate Pri
AT)	ADDRESS (Street									
	31625 Hwy 10	l, P.O. Box	1050, So	ledad, Californ	ia 93960					
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	AME AND ADDR	ESS BELOW		iber of process to be			
	-		***************			serve	ed with this Form 285	3		
P.	rmand Florez O. Box 2022		2022				nber of parties to be ed in this case	38	-	
N	orth Hills, Califor	mia 91393-	2022				ck for service			
Signature of Atte	orney other Originator	requesting ser	vice on beh	alf of:	PLAINTIFF		ONE NUMBER	DATE	_	
					DEFENDANT	(415)	522-2067	4/30	/08	
SPACE I	BELOW FOR	USE OF	U.S. M	ARSHAL (NLY DO NO	OT W	RITE BELOW	THIS	LINE	
acknowledge re	eceipt for the total	Total Process	District of	District to	Signature of Author	rized USN	MS Deputy or Clerk		Date	
number of proce (Sign only for Ush Chan one USM 2	SM 285 if more		Origin No	Serve No						
hereby certify a	and return that I h	ave personally on, etc., at the	served , [] address sho	have legal eviden	ce of service, have n the individual, comp	executed any, corp	as shown in "Remarks oration, etc. shown at th	s", the pro	cess descrinserted l	ribed below.
I hereby cer	rtify and return that I a	m unable to lo	cate the ind	ividual, company,	corporation, etc. named	d above (S	See remarks below)			
Name and title o	f individual served (if	not shown abo	ove)				A person of suit then residing in of abode			
Address (comple	ete only different than	shown above)		_	-		Date	Time		aı
							Signature of U.S. M	arshal or l	Deputy	-
Service Fee	Total Mileage Cha		ling Fee	Total Charges	Advance Deposits	ſ	ant owed to U.S. Marsh ant of Refund*)	al* or		
							\$0.0	0		
REMARKS:							Ψ0.0			

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armand Florez DEFENDANT Amold Schwarzenegger, et al. SERVE Amold Schwarzenegger, et al. NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR COY G. Netti, Chief Deputy Warden, California Department of Corrections & Rehabilitation, Salinas Valley State 1 ADDRESS (Brown or RFD. Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DEFENDANT	
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON SERVE G. Netti, Chief Deputy Warden, California Department of Corrections & Rehabilitation, Salinas Valley State I ADDRESS (Street on RPD, Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LIN 1 acknowledge receipt for the total number of process indicated. Total Process District of Origin Serve (Dright Marshall one USA) 285 is submitted) Total Process District of Origin Serve (Dright Marshall one USA) 285 is submitted) Thereby certify and return that I have personally served. The ave legal evidence of service. have executed as shown in "Remarks", the process des on the individual company, corporation, etc., at the address shown above on the on the individual company, corporation, etc. shown at the address inserted of above (See remarks below) Name and title of individual served (if not shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount of U.S. Marshal or Deputy	
SERVE AT G. Netti, Chief Deputy Warden, California Department of Corrections & Rehabilitation, Salinas Valley State I ADDRESS (Street on RFD, Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LIN Lacknowledge receipt for the total number of process indicated for greens indicated or of greens indicated in the company of the total number of process indicated on the individual company corporation, etc., at the address shown above on the on the individual served (if not shown above) Date (Signature of U.S. Marshal or Deputy)	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN I acknowledge receipt for the total number of process indicated (Sign only for EAM 235 if submitted) No. No. No. No. No. No. Origin I hereby certify and return that I have personally served. In have personally served on the individual, company, corporation, etc. shown at the address inserted on the individual, company, corporation, etc. shown at the address inserted then one USM 285 is submitted) I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted then residing in defendant's usual of obode Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Atmount of U.S. Marshall or U.S. Marshall or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Atmount of U.S. Marshall or U.S. Marshall or Deputy	NDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 Check for service on U.S.A SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN Lacknowledge receipt for the total mumber of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted by No. No. SPACE BELOW for use of the total have personally served. In ave legal evidence of service. As we executed as shown in "Remarks", the process des on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted in the residency of the shown above. Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Advance Deposits Amount were for U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Total Charges Total Charges Total Cha	Prison
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Service for Number of parties to be served with this Form 285 Service for U.S. A. S.	
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Served with this Form 285 38	
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A	
Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN I acknowledge receipt for the total number of process indicated. Sign only for USA 283 if more than one USM 283 is submitted) I hereby certify and return that I have personally served. have legal evidence of service. have executed as shown in "Remarks", the process deson the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted in the original of the process of the individual served (if not shown above) Address (complete only different than shown above) Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIF	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LIN I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that 1 have personally served, have legal evidence of service, have executed as shown in "Remarks", the process deson the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted in the residence of individual served (if not shown above) Name and title of individual served (if not shown above) Address (complete only different than shown above) Date Time Signature of Authorized USMS Deputy or Clerk Date only different that I am unable to locate the individual, company, corporation, etc. shown in "Remarks", the process deson the individual, company, corporation, etc. shown at the address inserted than above (See remarks below) Name and title of individual served (if not shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or	
Total Process District to District to Serve Signature of Authorized USMS Deputy or Clerk Date Date Date District to Serve District to District to Serve District to District to Serve District to District to Serve District to District t	TIP.
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) It hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process despons the individual, company, corporation, etc. shown at the address inserted. It hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted. It hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Date Time Serve No	
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process deson the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discreten residing in defendant's usual of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or	
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discreten their residing in defendant's usual of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or	scribed
then residing in defendant's usual of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or	d below.
Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal * or	
Service Fee	□ ar
\$0.00	
REMARKS:	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Armand Florez						COURT CASE NUME C-07 - 5763-TEH (P		
DEFENDANT							TYPE OF PROCESS		
A	Arnold Schwarze	enegger, et al	l .				Summons, Compla	int & O	rder
	NAME OF INDIV	/IDUAL, COM	PANY, COR	PORATION. ETC	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE)						bilitatio	on, Salinas Valley S	State Pri	son
AT)	ADDRESS (Street	t or RFD, Apari	ment No., Cit	ty, State and ZIP (Code)				
•	31625 Hwy 10	1, P.O. Box	1050, Sole	dad, California	a 93960				
SEND NOTICE	OF SERVICE COPY	Y TO REQUES	TER AT NAM	ME AND ADDRE	ESS BELOW	Nun	nber of process to be		
	-						ed with this Form 285	3	
P.	rmand Florez O. Box 2022 orth Hills, Califo	rmia 91393.	2022				nber of parties to be ed in this case	38	
		iiia 71373-	2022				ck for service J.S.A.		
Signature of Atto	rney other Originato	or requesting ser	vice on behal	f of:	PLAINTIFF DEFENDANT		ONE NUMBER	DATE 4/30	
					DEFENDANT	(415)	522-2067	4/30/	/08
		USE OF			DEFENDANT NLY DO NO	(415) OT W	522-2067 RITE BELOW	4/30/	/08
SPACE B	BELOW FOR				DEFENDANT NLY DO NO	(415) OT W	522-2067	4/30/	/08
SPACE B I acknowledge re number of proces (Sign only for US	BELOW FOR ceipt for the total ss indicated. SM 285 if more	USE OF	U.S. MA	ARSHAL O	DEFENDANT NLY DO NO	(415) OT W	522-2067 RITE BELOW	4/30/	LINE
SPACE B acknowledge renumber of process (Sign only for US than one USM 28	BELOW FOR ceipt for the total ss indicated. SM 285 if more 85 is submitted) nd return that I	Total Process	U.S. MA District of Origin No	District to Serve No	NLY DO NO Signature of Autho	(415) OT W	522-2067 RITE BELOW	4/30/ 7 THIS	Date Date
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual	BELOW FOR ceipt for the total as indicated. M 285 if more 15 is submitted) and return that I I I , company, corporat	Total Process have personally ion, etc., at the	U.S. MA District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho	OT Warized USI	S22-2067 RITE BELOW MS Deputy or Clerk I as shown in "Remarks oration, etc. shown at the state of the stat	4/30/ 7 THIS	Date Date
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual I hereby cert	BELOW FOR ceipt for the total as indicated. M 285 if more 15 is submitted) and return that I I I , company, corporat	Total Process have personally ion, etc., at the am unable to lo	U.S. MA District of Origin No served , haddress show cate the indiv	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	OT Warized USI	S22-2067 RITE BELOW MS Deputy or Clerk I as shown in "Remarks oration, etc. shown at the state of the stat	4/30/ 7 THIS s", the proceed address	Date Date Date cess described inserted below.
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual I hereby cert Name and title of	BELOW FOR ceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo	District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	OT Warized USI	See remarks below) A person of suit then residing in	4/30/ 7 THIS s", the proceed address	Date Date Date cess described inserted below. and discretion is usual place
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual I hereby cert Name and title of	BELOW FOR ceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo	District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	OT Warized USI	See remarks below) A person of suit then residing in of abode	4/30, 7 THIS 7 THIS 8", the prome address able age addefendant	Date
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual I hereby cert Name and title of	BELOW FOR ceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo fnot shown above shown above)	District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) OT Warrized USI executed any, corp d above (A	RITE BELOW MS Deputy or Clerk It as shown in "Remarks oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date	4/30/ 7 THIS s", the proof the address able age addefendant. Time	Date
SPACE B I acknowledge re number of proces (Sign only for US than one USM 28 I hereby certify a on the individual I hereby cert Name and title of	BELOW FOR ceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo fnot shown above shown above)	District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comporporation, etc. name	(415) OT Warrized USI executed any, corp d above (A	RITE BELOW MS Deputy or Clerk It as shown in "Remarks oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date Signature of U.S. Marsh	4/30/ 7 THIS 7 THIS 8", the proof the address able age at defendant." Time arshal or E	Date

- PRINT 5 COPIES: I. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

P	Armand Florez						COURT CASE NUMB C-07-5763-TEH (P		
DEFENDANT							TYPE OF PROCESS		
A	Arnold Schwarzene	gger, et al				5	Summons, Compla	int & O	rder
	NAME OF INDIVID	UAL, COM	PANY, COR	PORATION. ETC	. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE 🕽						ation, Sa	alinas Valley State	Prison	
AT)	ADDRESS (Street or	RFD, Apart	ment No., Cit	ty, State and ZIP C	(ode)				
	31625 Hwy 101,	P.O. Box	1050, Sole	dad, California	93960				
END NOTICE (OF SERVICE COPY TO	O REQUES	ΓER AT NAM	ME AND ADDRE	SS BELOW	Num	ber of process to be		
		*****		J		serve	ed with this Form 285	3	
	mand Florez					Num	ber of parties to be		
	O. Box 2022 orth Hills, Californi	01202	2022				ed in this case	38	
INO	rui Hills, Californi	a 91393	2022			Chec on U	k for service		
Signature of Attor	rney other Originator re	equesting ser	vice on behal		PLAINTIFF		ONE NUMBER	DATE	
					DEFENDANT	(415)	522-2067	4/30	/08
SPACE B	ELOW FOR U	JSE OF	U.S. MA	ARSHAL O	NLY DO NO	OT W	RITE BELOW	THIS	LINE
		tal Process	District of	District to	Signature of Author	rized USN	AS Deputy or Clerk		
number of process Sign only for US			Origin	Serve					Date
	J								Date
nan one com zo	5 is submitted)		No	No					Date
hereby certify ar	nd return that I have, company, corporation	e personally, etc., at the	served , \square h	nave legal evidence	e of service, have	e executed	as shown in "Remarks oration, etc. shown at th	s", the proone address	cess described
hereby certify ar	nd return that I have	, etc., at the	served , h	nave legal evidence in above on the on	the individual, comp	any, corpo	oration, etc. shown at th	s", the produce address	cess described
hereby certify ar on the individual	nd return that I have, company, corporation	unable to lo	served , haddress show	nave legal evidence in above on the on	the individual, comp	any, corpo	oration, etc. shown at th	able age a	cess described inserted below.
hereby certify aron the individual I hereby cert Name and title of	nd return that I have, company, corporation	unable to lo	served , haddress show	nave legal evidence in above on the on	the individual, comp	any, corpo	See remarks below) A person of suit then residing in	able age a	cess described inserted below. nd discretion 's usual place
hereby certify ar in the individual I hereby cert Vame and title of	nd return that I have, company, corporation ify and return that I am individual served (if no	unable to lo	served , haddress show	nave legal evidence in above on the on	the individual, comp	any, corpo	oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date	able age a defendant	nd discretion 's usual place
hereby certify aron the individual I hereby cert Name and title of	nd return that I have, company, corporation ify and return that I am individual served (if no	unable to lo	served , haddress show	nave legal evidence in above on the on	the individual, comp	any, corpo	oration, etc. shown at the Gee remarks below) A person of suit then residing in of abode	able age a defendant	nd discretion 's usual place
hereby certify aron the individual I hereby cert Name and title of Address (complete	nd return that I have, company, corporation ify and return that I am individual served (if note only different than she	unable to lo t shown above) es Forward	served , haddress show cate the indiv	nave legal evidence in above on the on	the individual, comp	any, corpo	oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date Signature of U.S. Maint owed to U.S. Marsh	able age a defendant Time	nd discretion 's usual place
hereby certify aron the individual I hereby cert Name and title of Address (complete	nd return that I have, company, corporation ify and return that I am individual served (if no see only different than she	unable to lo t shown above) es Forward	served , haddress show cate the indiv	nave legal evidence in above on the on vidual, company, co	the individual, comporporation, etc. named	any, corpo	oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date Signature of U.S. Marsh unt owed to U.S. Marsh unt of Refund*)	able age a defendant Time arshal or I	nd discretion 's usual place
hereby certify are not the individual I hereby cert Name and title of Address (complete	nd return that I have, company, corporation ify and return that I am individual served (if note only different than she	unable to lo t shown above) es Forward	served , haddress show cate the indiv	nave legal evidence in above on the on vidual, company, co	the individual, comporporation, etc. named	any, corpo	oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date Signature of U.S. Maint owed to U.S. Marsh	able age a defendant Time arshal or I	nd discretion 's usual place
hereby certify aron the individual I hereby cert Name and title of	nd return that I have, company, corporation ify and return that I am individual served (if note only different than she	unable to lo t shown above) es Forward	served , haddress show cate the indiv	nave legal evidence in above on the on vidual, company, co	the individual, comporporation, etc. named	any, corpo	oration, etc. shown at the See remarks below) A person of suit then residing in of abode Date Signature of U.S. Marsh unt owed to U.S. Marsh unt of Refund*)	able age a defendant Time arshal or I	nd discretion 's usual place

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT Arnold Schwarz					C	COURT CASE NUME C-07-5763-TEH (P		
Arnold Schwarz						TYPE OF PROCESS	:	
						ummons, Compla		
4						ON OF PROPERTY TO		
\ 					bilitation	, Salinas Valley S	State Pris	son
AT ADDRESS (Stree								
END NOTICE OF SERVICE COP					T			
END NOTICE OF SERVICE COF	T TO REQUES					per of process to be d with this Form 285	3	
Armand Florez P. O. Box 2022		2022				per of parties to be	38	
North Hills, Calif	ornia 91393	2022			Check on U.	k for service S.A.		
Signature of Attorney other Original	tor requesting ser	vice on behalf		PLAINTIFF DEFENDANT		NE NUMBER 522-2067	DATE 4/30	/08
				DEFENDANT	(415) 5	522-2067	4/30	
SPACE BELOW FOR acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more		U.S. MA District of Origin	RSHAL O District to Serve	DEFENDANT	(415) 5 OT WF	22-2067 RITE BELOW	4/30	
SPACE BELOW FO	R USE OF	U.S. MA	RSHAL O	DEFENDANT NLY DO NO	(415) 5 OT WF	22-2067 RITE BELOW	4/30	LINE
SPACE BELOW FOR acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I	R USE OF Total Process have personally	U.S. MA District of Origin No	RSHAL O District to Serve Noave legal evidence	NLY DO NO Signature of Author	OT WE	S22-2067 RITE BELOW IS Deputy or Clerk as shown in "Remark:	4/30, 7 THIS	Date Date
SPACE BELOW FOR acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	Total Process have personally ation, etc., at the	District of Origin No	RSHAL O District to Serve No ave legal evidence above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WF	as shown in "Remarks reation, etc. shown at the	4/30, 7 THIS	Date Date
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporate	R USE OF Total Process have personally ation, etc., at the	U.S. MA District of Origin No served , haaddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WF	as shown in "Remarks reation, etc. shown at the	4/30/ 7 THIS s", the proche address	Date Date cess described inserted below.
space below for acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I not be individual, company, corporate I hereby certify and return that I ame and title of individual served	Total Process have personally ation, etc., at the I am unable to lo (if not shown about the I am unable to (if not shown about the I am unable the I am una	U.S. MA District of Origin No served , haaddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WF	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in	4/30/ 7 THIS s", the proche address	Date Date cess described inserted below. Indidiscretion is usual place
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporation in the process of the submitted in the individual	Total Process have personally ation, etc., at the I am unable to lo (if not shown about the I am unable to (if not shown about the I am unable the I am una	U.S. MA District of Origin No served , haaddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WF	as shown in "Remark: ration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30, 7 THIS s", the prome address able age a defendant Time	Date Date cess described inserted below. Indidiscretion is usual place
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporate I hereby certify and return that lame and title of individual served	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown above) that ges Forward	District of Origin No served ,	RSHAL O District to Serve No ave legal evidence above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	(415) 5 DT WF rized USM executed any, corpo d above (Si	as shown in "Remark: oration, etc. shown at the er emarks below) A person of suit then residing in of abode Date	s", the prome address able age a defendant	Date Date cess described inserted below. Indidiscretion is usual place
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporal I hereby certify and return that dame and title of individual served. Address (complete only different that the service Fee Total Mileage Corporation of the service Fee Total Mileage Cor	R USE OF Total Process have personally ation, etc., at the I am unable to lo (if not shown above) that ges Forward	District of Origin No served ,	RSHAL O District to Serve No ave legal evidence above on the on dual, company, c	NLY DO NO Signature of Author e of service, have the individual, comporporation, etc. named	(415) 5 DT WF rized USM executed any, corpo d above (Si	as shown in "Remark: ration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. Marsh, and owed to U.S. Marsh.	4/30/ 7 THIS s", the proche address table age a defendant Time arshal or I	Date Date cess described inserted below. Indidiscretion is usual place a p

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armold Schwarzenegger, et al. STYPE OF PROCESS Summons, Complaint & Order SERVE A Williams, Correctional Counselor II, California Dept. of Corrections & Rehabilitation, Salinas Valley State Pris ADDRESS (Street or RFD. Apartment No., City, State and ZIP Cade) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served with this Forn 285 All Telaphane Numbers, and Estimated Times Available for Service): SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address). SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses). SIgnature of Autorney other Originator requesting service on behalf of DEFENDANT (415) 522-2067 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total mumber of process indicated (530 min) for 182 min	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
SERVE A. Williams, Correctional Counselor II, California Dept. of Corrections & Rehabilitation, Salinas Valley State Pris ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telaphone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only, for USN 283 if anore thins one USM 251 is unbainted) No. No. SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I hereby certify and return that I have personally served have legal evidence of service have executed as shown in "Remarks", the process described on the individual company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I mumble to locate the individual, company, corporation, etc. shown at below of abode o									_
A. Williams, Correctional Counselor II, California Dept. of Corrections & Rehabilitation, Salinas Valley State Pris ATD ADDRESS (Street or RED. Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 Number of process to be served with this Form 285 A Mumber of process to be served with this Form 285 A Mumber of process to be served with this Form 285 A Mumber of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served in this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served in this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process to be served with this Form 285 A Number of process in the State Prise Address State Prise All Process of the State Prise Address State Prise All Process of the State Prise Address State Pr									
ATT 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE 1 scknowledge receipt for the total number of process indicated. Signature of Authorized USMS 25 if nore than one USM 285 is submitted) Total Process No. No. No. No. No. Advance Deposits Amount one Refinance of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owned to U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owned to U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owned to U.S. Marshal or Deputy	NAME OF IND	IVIDUAL, COM	PANY, CORI	PORATION, ETC	. TO SERVE OR DES	SCRIPTIC	ON OF PROPERTY TO	O SEIZE O	R CONDEMN
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served with this Form 285 Rumber of parties to be served in this case 38 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT TELEPHONE NUMBER (415) 522-2067 4/30/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated from one USM 285 is submitted) Total Process Origin Serve No.						ıs & Rel	habilitation, Salina	as Valley	State Priso
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Served with this Form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Served with this form 285 Check for service on U.S.A. Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE Lacknowledge receipt for the total number of process indicated. (Sign only for USL 283 if more have legal evidence of service. In hereby certify and return that 1 have personally served. have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address sincered below the note individual (company, corporation, etc., shown at the address inserted below of above) I hereby certify and return that 1 am unable to locate the individual, company, corporation, etc. shown at the address inserted below of above of the one than one USM 283 if more I hereby certify and return that 1 am unable to locate the individual, company, corporation, etc. shown at the address inserted below of above of the one than one USM 283 if more A person of suitable age and discretion the residing in defendant's usual place of above one one one than one USM 283 if more A person of suitable age and discretion the residing in defendant's usual place of above one one one of the individual company, corporation, etc. shown at the address inserted below of above one one one of the individual company of the individual company of the individual company of Refault's individual and of Refault's individual company.	AT ADDRESS (Str	eet or RFD, Apar	tment No., Cit	y, State and ZIP (Code)				
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served with this Form 285 38 Number of parties to be served in this case 38 Check for service on U.S.A. Check for service on U.S. Check for servi	31625 Hwy	101, P.O. Box	1050, Sole	dad, California	a 93960				
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Served in this case 38	SEND NOTICE OF SERVICE CO	PY TO REQUES	TER AT NAN	ME AND ADDRE	SS BELOW	Numb	per of process to be		
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A.		*******************		***************************************		serve	d with this Form 285	3	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DEPENDANT TELEPHONE NUMBER (415) 522-2067 4/30/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE La acknowledge receipt for the total number of process indicated (Sign only for USW 425 if nore than one USW 285 is submitted) Total Process No. No. No. No. Serve Signature of Authorized USMS Deputy or Clerk Date Origin Thereby certify and return that I m unable to locate the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below of abode Thereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below of abode Address (complete only different than shown above) Total Mileage Charges including endemons) Forwarding Fee Total Charges Advance Deposits Amount ewed to U.S. Marshal or Deputy	P. O. Box 2022	fornia 01303.	2022					38	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF	North Tillis, Call	Ioiila 91393-	2022						
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served , have legal evidence of service, have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or (Amount of Refundt*)	Signature of Attorney other Origina	ator requesting ser	vice on behal	f of:	PLAINTIFF			DATE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted) Total Process District of Origin No. No. No. I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion the nesiding in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount over to U.S. Marshal* or (Amount of Refund*)					DELENDANI	(413)3	22-206/	4/30/	08
number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount oved to U.S. Marshal* or (Amount of Refund*)	SPACE RELOW FO	R USE OF	IIS MA	DSHAI O					
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)			Ţ -		NLY DO NO	T WF	RITE BELOW		LINE
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more		District of Origin	District to Serve	NLY DO NO	T WF	RITE BELOW		LINE
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	l acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	NLY DO NO	T WR	RITE BELOW	THIS	LINE Date
Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Deputy Amount owed to U.S. Marshal or Or (Amount of Refund*)	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I	Total Process	District of Origin Noserved , h	District to Serve Noave legal evidence	NLY DO NO Signature of Author	T WR	IS Deputy or Clerk	THIS	Date ess described
Service Fee	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor	Total Process have personally ration, etc., at the	District of Origin No served , haddress shown	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, compa	DT WE	AS Deputy or Clerk as shown in "Remarks ration, etc. shown at the	THIS	Date ess described
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor	Total Process have personally ration, etc., at the	District of Origin No served , haddress shown	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, compa	DT WE	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit, then residing in	THIS ", the proceed address in the address in the age and the age are age and the age age and the age age and the age age and the age and the age and	Date Date ess described nserted below. d discretion
including endeavors) (Amount of Refund*)	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor I hereby certify and return that Name and title of individual served	Total Process have personally ration, etc., at the I am unable to lo	District of Origin No served , haddress shown	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, compa	DT WE	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in of abode	THIS ", the proceed address in the age and defendant's	Date ess described nserted below discretion usual place
\$0.00	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor I hereby certify and return that Name and title of individual served	Total Process have personally ration, etc., at the I am unable to lo	District of Origin No served , haddress shown	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, compa	DT WE	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in of abode Date	THIS ", the procue address in the age and defendant's time	Date Date ess described nserted below discretion usual place
	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor I hereby certify and return that Name and title of individual served Address (complete only different the Service Fee Total Mileage C	have personally ration, etc., at the I am unable to lo (if not shown above)	District of Origin No served , haddress shown ocate the indivious)	District to Serve No ave legal evidence a above on the on idual, company, c	NLY DO NO Signature of Author e of service, have the individual, compaorporation, etc. named	executed usy, corpo above (Se	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. Mann owed to U.S. Marsh	able age and defendant's	Date Date ess described nserted below discretion usual place
REMARKS:	I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor I hereby certify and return that Name and title of individual served Address (complete only different the Service Fee Total Mileage C	have personally ration, etc., at the I am unable to lo (if not shown above)	District of Origin No served , haddress shown ocate the indivious)	District to Serve No ave legal evidence a above on the on idual, company, c	NLY DO NO Signature of Author e of service, have the individual, compaorporation, etc. named	executed usy, corpo above (Se	as shown in "Remarks ration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. Mannt owed to U.S. Marsh int of Refund*)	arshal or D	Date Date ess described nserted below discretion usual place

PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

I acknowledge number of pro- (Sign only for than one USM) I hereby certify on the individu 1 hereby c Name and title	USM 285 if more 285 is submitted)	have personally tion, etc., at the am unable to lo if not shown above)	District of Origin No served ,	District to Serve Noave legal evidence in above on the on	Signature of Autho	e executed anny, corpored d above (S	as shown in "Remarks oration, etc. shown at the	able age and defendant's Time arshal or D	ess described inserted below ad discretion is usual place
I acknowledge number of production of the control o	receipt for the total cess indicated. USM 285 if more 285 is submitted) and return that I all, company, corpora certify and return that I of individual served (have personally tion, etc., at the am unable to lo	District of Origin No served ,	District to Serve Noave legal evidence in above on the on	Signature of Autho	e executed	as shown in "Remarks oration, etc. shown at the see remarks below) A person of suit, then residing in of abode	able age andefendant's	Date ess describec inserted below
acknowledge number of pror Sign only for han one USM hereby certify on the individu	receipt for the total cess indicated. USM 285 if more 285 is submitted) and return that I all, company, corpora ertify and return that I of individual served (have personally tion, etc., at the am unable to lo	District of Origin No served ,	District to Serve Noave legal evidence in above on the on	Signature of Autho	e executed	as shown in "Remarks oration, etc. shown at the see remarks below) A person of suit, then residing in of abode	able age andefendant's	Date ess describec inserted below
acknowledge number of proo Sign only for han one USM hereby certify on the individu	receipt for the total cess indicated. USM 285 if more 285 is submitted) and return that I all, company, corpora	have personally tion, etc., at the am unable to lo	District of Origin No served ,	District to Serve Noave legal evidence in above on the on	Signature of Autho	e executed	as shown in "Remarks oration, etc. shown at the	s", the proce	Date ess described
acknowledge number of pro- Sign only for han one USM hereby certify on the individu	receipt for the total cess indicated. USM 285 if more 285 is submitted) and return that I al , company, corpora	Total Process have personally tion, etc., at the	District of Origin No served , haddress shown	District to Serve Noave legal evidence in above on the on	Signature of Autho	e executed	as shown in "Remarks oration, etc. shown at the	s", the proce	Date ess described
acknowledge umber of pro- Sign only for han one USM	receipt for the total cess indicated. USM 285 if more 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Autho	rized USM	1S Deputy or Clerk		Date
acknowledge umber of pro	receipt for the total cess indicated.		District of	District to				THIS	
SPACE	BELOW FOR	R USE OF	U.S. IVIA	ARSHAL O	NLY DO NO		KLLE BELUW	THIS	LINE
			IIC MA	_					
gilatare of 71	ttorney other Originato	or requesting ser			PLAINTIFF DEFENDANT		522-2067	4/30/0	08
									<u>F</u>
	STRUCTIONS OR OT Numbers, and Estim				IN EXPEDITING SE	ERVICE (<u>I</u>	nclude Business and A	<u>Ilternate A</u>	ddresses,
L						Chec on U	k for service S.A.		
j	Armand Florez P. O. Box 2022 North Hills, Califo	ornia 91393-	2022			1	ber of parties to be d in this case	38	
END NOTIC	E OF SERVICE COP	Y TO REQUES	TER AT NAM	ME AND ADDRE	SS BELOW		ber of process to be d with this Form 285	3	
	31625 Hwy IO	01, P.O. Box	1050, Sole	dad, California	a 93960				
SERVE AT	ADDRESS (Street					& Kenac	oilitation, Salinas V	alley Sta	ate Prison
SEDVE	4						ON OF PROPERTY TO		
	Arnold Schwarz						Summons, Compla		
						·	TYPE OF PROCESS		
EFENDANT							C-07-5763-TEH (P	R)	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armold Schwarzenegger, et al. NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM SERVE AT SERVE AT SIGNATURE OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM SERVE AT ADDRESS (Street or NED, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez. P.O. Box 2022 North Hills, California 91393-2022 Armand Florez. ARI Telephone Nambers, and Estimated Times Available for Service; SEPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Nambers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of. SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE lacknowledge receipt for the total number of process indicated by the process indicated on the individual process indicated on the individual property of the continuation of process indicated on the individual property of the subman one to SN 25s as submitted of Origin Service. No. No. No. No. Signature of Authorized USMS Deputy or Clerk Signature of Authorized USMS Deputy or Clerk Date Date Time Signature of Individual ascreed (if not shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Including endersors) Forwarding Fee Total Charges Advance Deposits Advance Deposits Advance Deposits Amandation and to U.S. Marshal or Deputy Service Fee Including endersors) Forwarding Fee Total Charges Advance Deposits Advance Deposits Amandation and to U.S. Marshal or Deputy	PLAINTIFF Armand Florez						COURT CASE NUME -07-5763-TEH (F		
SERVE AT SLOY Medina, Correctional Counselor II, CA Dept. of Corrections & Rehabilitation, Salinas Valley State Prison ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) ADDRESS (Sirect or RFD, Apartment No., City, State and ZIP Code) All State of Service COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S. A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DEFENDANT (415) 522-2067 DATE 4/30/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE Lacknowledge receipt for the total number of process indicated to the Code of the Code of the Code of the Code of Service of Authorized USMS Deputy or Clerk Date Origin No N	DEFENDANT Arnold Schwarz	zenegger, et al	l.			1	YPE OF PROCESS		rder
SERVE AT Some Medina, Correctional Counselor II, CA Dept. of Corrections & Rehabilitation, Salinas Valley State Prison ADDRESS (Street or REP. Aparment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE Lecknowledge receipt for the total number of process indicated. Sign only for USN 235 ff more have one USN 255 ff more have one USN 255 in More have one USN 255 ff and return that I have personally served. In have legal evidence of service. In have executed as shown in "Remarks", the process described on the individual company, corporation, etc. shown at the address inserted below have and title of individual served (if not shown above) In hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Anomation of Returnity or (Americal Returnity) Soundary of Returnity of Returnity or (Americal Returnity) Soundary of Returnity of Returnity or (Americal Returnity) Soundary of Returnity of Returnity or (Americal Returnity) Signature of U.S. Marshal or Deputy				PORATION F	TO SERVE OR DE		•		
AT ADDRESS (Street or RFD, Agarment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 Number of parties to be served in this case 38	4								
Stephane Service Ser	<u> </u>					Renabii	itation, Saimas V	aney Sta	ite Prison
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total umber of process indicated or process indicated in the individual, company, corporation, etc. at the address inserted below of above or the individual, company, corporation, etc. named above (See remarks below) In hereby certify and return than 1 am unable to locate the individual, company, corporation, etc. named above (See remarks below) In A person of suitable age and discretion then residing in defendant's usual place of above or a fabode Time Signature of U.S. Marshal or Deputy Advance Deposits Advance Deposits Advance Deposits Advance Deposits Advance Deposits Advance De									
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served in this case 38						т		-	
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL. ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total unmber of process indicated origin Service No. No. No. No. No. No. No. In the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address shown above on the on the individual, company, corporation, etc. shown at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below the individual served (If not shown above) Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Aperson of suitable age and discretion then residing in defendant's usual place of above on the only different than shown above) Fervice Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Including endeavors) Forwarding Fee Total Charges Including endeavors) Forwarding Fee Total Charges Advance Deposits Including endeavors) Aperson of Suitable age and discretion then residing in defendant's usual place of above (Including endeavors) Forwarding Fee Total Charges Including endeavors) Forwarding Fee Total Charges Including endeavors) Forwarding Fee Total Charges Including endeavors)	END NOTICE OF SERVICE COL							3	
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S. A. Check for service for the daddress and Alternate Address. Check for service for U.S. Check for service for the daddress on Alternate Address. Date Date Check for service for U.S. Check for serv									
North Hills, California 91393-2022 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Segmenting of Attorney other Originator requesting service on behalf of: PLAINTIFF								20	
Check for service on U.S.A.		ornia 91393-	2022			serve	in this case	38	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF									
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more ham one USM 285 if more ham one USM 285 is submitted) hereby certify and return that 1 have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. It hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (If not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount oved to U.S. Marshal's or (Amount of Retunds) Solodo	Signature of Attorney other Origina	tor requesting ser	vice on behal	l.	_			1	
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Total Process No					DEFENDANT	(415) 5	22-2067	4/30	/08
number of process indicated. Sign only for USM 285 if more ham one USM 285 is submitted) No.	SPACE BELOW FO	R USE OF	U.S. MA	RSHAL	ONLY DO NO	OT WE	RITE BELOW	THIS	LINE
han one USM 285 is submitted) No. No. No. Have legal evidence of service, have executed as shown in "Remarks", the process described the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Fervice Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount oved to U.S. Marshal* or (Amount of Retund*) \$0.00		Total Process			Signature of Autho	rized USM	S Deputy or Clerk		Date
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted belog I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00			No	No					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion then residing in defendant's usual place of abode		have personally			nce of service, have	e executed	as shown in "Remark	s", the pro	cess described
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount over to U.S. Marshal* or (Amount of Refund*) \$0.00	n the individual, company, corpor	ation, etc., at the	address show	n above on the	on the individual, comp	any, corpo	ration, etc. shown at t	he address	inserted below
Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	I hereby certify and return that	I am unable to lo	cate the indiv	idual, company	, corporation, etc. name	d above (S	ee remarks below)		
Service Fee Total Mileage Charges including endeavors) Total Mileage Charges including endeavors Total Charges Advance Deposits Amount over to U.S. Marshal or Deputy Amount of Refund*) \$0.00	Name and title of individual served	(if not shown abo	ve)						
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount on Green (Amount of Refund*) \$0.00								defendant	
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	Address (complete only different tha	ın shown above)					of abode		
	Address (complete only different the	ın shown above)					of abode Date	Time arshal or I	Deputy
	Service Fee Total Mileage C	harges Forward	ling Fee	Total Charges	Advance Deposits		of abode Date Signature of U.S. M	Time	Deputy
	Service Fee Total Mileage C	harges Forward	ling Fee	Total Charges	Advance Deposits		of abode Date Signature of U.S. M at owed to U.S. Marsh ant of Refund*)	Time [arshal or I	Deputy

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

REMARKS:							\$0.0	0	
Service Fee	Total Mileage Chincluding endeave	0	ing Fee	Total Charges	Advance Deposits		Signature of U.S. Marsh of Retund*)		Deputy
Address (comple	te only different than	shown above)					Date	Time	
	f individual served (ve)				A person of suita	defendant	
				vidual, company, c	orporation, etc. name	d above (Se	ee remarks below)		
							as shown in "Remarks ration, etc. shown at th		
acknowledge re number of proces Sign only for US han one USM 28	SM 285 if more	Total Process	District of Origin	District to Serve	Signature of Autho	rized USM	S Deputy or Clerk		Date
SPACE P	BELOW FOR	USE OF	U.S. MA	ARSHAL O	NLY DO NO	OT WF	RITE BELOW	THIS	LINE
	,	, -			PLAINTIFF DEFENDANT	(415) 5	22-2067	4/30	/08
ignature of Atte	orney other Originato		uiaa an baba			TEL ENIO	NE NUMBER	DATE	
	RUCTIONS OR OT Numbers, and Estim				IN EXPEDITING SE	RVICE (<u>I</u>	nclude Business and A	<u>liternate</u>	Addresses,
L	-					Check on U.	k for service S.A.		
P.	rmand Florez O. Box 2022 orth Hills, Califo	ornia 91393-	2022				per of parties to be d in this case	38	
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NAI	ME AND ADDRE	ESS BELOW		per of process to be d with this Form 285	3	
	31625 Hwy 10	1, P.O. Box	1050, Sole	edad, Californi	a 93960				
$\frac{\text{SERVE}}{\text{AT}}$	ADDRESS (Stree					nabilitati	on, Salinas Valley	State P	rison
CEDVE (ON OF PROPERTY TO		
	Arnold Schwarze						ummons, Compla		
EFENDANT	Armand Florez						C-07-5763-TEH (P TYPE OF PROCESS		

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Arnold Schwa	rzenegger, et a					C-07-5763-TEH (P	'K)	
SERVE AT SERVE AT SERVE AT SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMS SERVE AT ADDRESS (Street or RFD, Apartment AD, City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: DEFENDANT TELEPHONE NUMBER (415) 522-2067 (430/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total Total Process District to Origin No. No. No. No. Signature of Authorized USMS Deputy or Clerk No. No. No. Service, have executed as shown in "Remarks", the process described on the individual company, corporation, etc., at the address shown above on the on the individual company, corporation, etc. shown at the address inserted below in the residence of service of about the remaining in defendant's usual place of abode Name and title of individual served (if not shown above) Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	NAME OF IN	rzenegger, et al				7	TYPE OF PROCESS		
SERVE AT ADDRESS (Street or RFD, Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 3960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P, O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 Sepecial Instructions or other Instructions or other and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Autories other Originator requesting service on behalf of: Sepecial Instructions of Autories of Parties to be served in this case Signature of Autories other Originator requesting service on behalf of: Sepace BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total number of process inclinated (Sign only for USA) 285 if more throughout the process of the Institute of Origin Apartment that I am unable to locate the individual, company, corporation, etc., and the address inserted below in the individual served (if not shown above) I hereby certify and return that I am unable to locate the individual, company, corporation, etc. anamed above (See remarks below) Above the Institute of Institute of Origin and Company, corporation, etc. anamed above (See remarks below) Address (complete only different than shown above) Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Advanc	4		l.			S	ummons, Compla	int & O	rder
SERVE AT ADDRESS (Street or RFD, Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 3960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P, O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 North Hills, California 91393-2022 Sepecial Instructions or other Instructions or other and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Autories other Originator requesting service on behalf of: Sepecial Instructions of Autories of Parties to be served in this case Signature of Autories other Originator requesting service on behalf of: Sepace BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total number of process inclinated (Sign only for USA) 285 if more throughout the process of the Institute of Origin Apartment that I am unable to locate the individual, company, corporation, etc., and the address inserted below in the individual served (if not shown above) I hereby certify and return that I am unable to locate the individual, company, corporation, etc. anamed above (See remarks below) Above the Institute of Institute of Origin and Company, corporation, etc. anamed above (See remarks below) Address (complete only different than shown above) Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Advanc	4	DIVIDUAL, COM	PANY, COR	RPORATION.	ETC. TO SERVE OR	DESCRIPTIO	ON OF PROPERTY T	O SEIZE	OR CONDEMN
AT ADDRESS (Street or RFD. Apartment No. Cip., State and ZIP Code) 31625 Hwy 101, P.D. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 3 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S. A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of DEFENDANT TELEPHONE NUMBER QATE	SERVE J R. A. Kessie								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 SEPCIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total number of process indicated (Sign only for USN 285 if more than one USN 285 is submitted) No. No. No. Signature of Authorized USMS Deputy or Clerk Origin Serve No. No. No. Signature of Authorized USMS Deputy or Clerk Origin of Service (Signature of Authorized USMS Deputy or Clerk Origin on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I m unable to locate the individual, company, corporation, etc., shown at the address inserted below I hereby certify and return that I m unable to locate the individual, company, corporation, etc., shown at the address inserted below Address (complete only different than shown above) Page 1 Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Advance Deposits Annum word for U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges including endeavors)	\					CC ITCHAOTI	itution, Sumus 11	iney Sia	ic i iison
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Sepecial Instructions of Office in this case Sepecial Instructions of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Septimized Plaintiff Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Number (415) 522-2067 4/30/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE 1 acknowledge receipt for the total number of process indicated. Origin Serve Signature of Attorney of Authorized USMS Deputy or Clerk Date Origin Serve No. No. No. No. A person of Suttable age and discretion then residing in defendants usual place of above Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Advance Deposits Answer of U.S. Marshal or Deputy		101, P.O. Box	1050. Solo	edad. Califo	rnia 93960				
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served in this case 38				-		N		1	
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A.				~~~~				3	
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A.	A 1 E1								
Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE 1 acknowledge recept for the total number of process indicated, (Sign only for USM 285 if more than one USM 285 is submitted) No. No. Signature of Authorized USMS Deputy or Clerk Origin No. No. Some executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below the residing in defendant's usual place of abode Address (complete only different than shown above) Total Mileage Charges Including endeavors) Follows In Expedition on USA and Alternate Addresses on USA and Alternate Addresses (Complete only different than shown above) Total Mileage Charges Including endeavors) Follows In Expedition on USA Marshal or Deputy Service Fee Including endeavors) Total Mileage Charges Including endeavors) Follows In Expedition on USA Marshal or Deputy Service Fee Including endeavors) Follows In Expedition on USA Marshal or Deputy Service Fee Including endeavors) Follows In Expedition In Expedition In U.S. Marshal or Deputy Service Fee Including endeavors) Follows In Expedition In Expedition In Expedition In U.S. Marshal or Deputy Service Fee Including endeavors) Follows In Expedition In Expedition In U.S. Marshal or Deputy Service Fee Including endeavors) Follows In Expedition In U.S. Marshal or Deputy Signature of U.S. Marshal or Deputy Signature of U.S. Marshal or Deputy Signature of U.S. Marshal or Deputy								20	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Following PlanNTIFF TELEPHONE NUMBER DATE		ifornia 91393-	2022			serve	d in this case	38	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF									
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) Address (complete only different than shown above) Date Time Signature of Authorized USMS Deputy or Clerk Date Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) Sol.00	Signature of Attorney other Origin	nator requesting set	rvice on beha	ılf of:	_				
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	SPACE BELOW FO	OR USE OF	U.S. MA	ARSHAL	ONLY DO	NOT WE	RITE BELOW	THIS	LINE
I hereby certify and return that I have personally served, have legal evidence of service. have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	number of process indicated.	Total Process			Signature of Au	thorized USM	IS Deputy or Clerk		Date
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refunds) \$0.00			No	No					
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits (Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00									
Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	I hereby certify and return the	at I am unable to lo	cate the indi-	vidual, compar	y, corporation, etc. na	med above (S	ee remarks below)		
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	Name and title of individual serve	d (if not shown abo	ove)				then residing in		
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	Address (complete only different t	han shown above)					Date	Time	a
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits (Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00									. ,
		Charges Forward	ding Fee	Total Charges	Advance Depos		nt owed to U.S. Marsh		
		eavors)							
		eavors)					\$0.0	10	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Armand Florez						OURT CASE NUME 07-5763-TEH (P		
EFENDANT							YPE OF PROCESS		
	Arnold Schwarze	negger, et a	l.			Su	ımmons, Compla	int & Or	der
	NAME OF INDIV	IDUAL, COM	PANY, CO	RPORATION. ET	C. TO SERVE OR DE	SCRIPTION	N OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE	S. Hatton, Lieu	tenant, Cal	ifornia D	epartment of (Corrections & Reh	abilitatio	n, Salinas Valley	State Pr	rison
AT	ADDRESS (Street	or RFD, Apar	tment No., C	City, State and ZIP	Code)				
•	31625 Hwy 10	1, P.O. Box	1050, Sol	ledad, Californi	ia 93960				
END NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDR	ESS BELOW	Numbe	er of process to be		
						served	with this Form 285	3	
A	rmand Florez					Numbe	er of parties to be		
	O. Box 2022		2022				in this case	38	
N	orth Hills, Califor	mia 91393-	2022			Check on U.S	for service		
				•					
ignature of Att	orney other Originator	r requesting ser	rvice on beh	alf of:	PLAINTIFF	TELEPHON	IE NUMBER	DATE	
ignature of Att	orney other Originator	r requesting ser	rvice on beh	<u> </u>	PLAINTIFF DEFENDANT	TELEPHON (415) 52		DATE 4/30/	/08
	-					(415) 52	22-2067	4/30/	
SPACE I	BELOW FOR eceipt for the total ess indicated.			ARSHAL O] DEFENDANT	(415) 52 OT WR	22-2067 ITE BELOW	4/30/	
SPACE I acknowledge rumber of proce Sign only for U	BELOW FOR	USE OF	U.S. M	ARSHAL O	DNLY DO NO	(415) 52 OT WR	22-2067 ITE BELOW	4/30/	LINE
SPACE I acknowledge re umber of proce lign only for U an one USM 2	BELOW FOR eccipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I	USE OF Total Process	District of Origin No	ARSHAL O District to Serve No	DNLY DO NO	(415) 52 OT WR rized USMS	ITE BELOW Deputy or Clerk s shown in "Remarks	4/30/ THIS	Date Date
SPACE I acknowledge re umber of proce Sign only for U nan one USM 2 hereby certify a n the individua	BELOW FOR eceipt for the total ess indicated. ISM 285 if more 85 is submitted) and return that 1 h	USE OF Total Process ave personally on, etc., at the	District of Origin No. served , address show	ARSHAL O District to Serve No have legal evidence with above on the or	DEFENDANT ONLY DO NO Signature of Author ce of service, have	(415) 52 OT WR rized USMS executed a any, corpora	ITE BELOW Deputy or Clerk as shown in "Remarks ation, etc. shown at the	4/30/ THIS	Date Date
space I acknowledge re umber of proce Sign only for U than one USM 2 hereby certify a n the individua I hereby cer	BELOW FOR eceipt for the total ess indicated. ISM 285 if more 85 is submitted) and return that 1 h	USE OF Total Process have personally on, etc., at the	District of Origin Noserved ,address showcate the indi	ARSHAL O District to Serve No have legal evidence with above on the or	DEFENDANT DNLY DO NO Signature of Author ce of service, have the individual, comp	(415) 52 OT WR rized USMS executed a any, corpora	ITE BELOW Deputy or Clerk as shown in "Remarks ation, etc. shown at the	4/30/ THIS	Date Date Dess described inserted below.
SPACE I acknowledge reumber of processign only for Usern one USM 2 thereby certify an the individual. I hereby certify ame and title of	BELOW FOR eccipt for the total ess indicated. ISM 285 if more 185 is submitted) and return that I had not been an incompany, corporations.	Total Process ave personally on, etc., at the arm unable to lo	District of Origin Noserved ,address showcate the indi	ARSHAL O District to Serve No have legal evidence with above on the or	DEFENDANT DNLY DO NO Signature of Author ce of service, have the individual, comp	(415) 52 OT WR rized USMS executed a any, corpora	ITE BELOW Deputy or Clerk S Deputy or Clerk Is shown in "Remarks ation, etc. shown at the remarks below) A person of suit then residing in	4/30/ THIS	Date Date Dess described inserted below.
space I acknowledge re umber of proce Sign only for U nan one USM 2 hereby certify a n the individua I hereby cert lame and title of	BELOW FOR eccipt for the total ess indicated. (SM 285 if more (85 is submitted) and return that I had had, company, corporation rtify and return that I a of individual served (if	Total Process ave personally on, etc., at the arm unable to lo	District of Origin Noserved ,address showcate the indi	ARSHAL O District to Serve No have legal evidence with above on the or	DEFENDANT DNLY DO NO Signature of Author ce of service, have the individual, comp	(415) 52 OT WR rized USMS executed a any, corpora	ITE BELOW S Deputy or Clerk as shown in "Remarks ation, etc. shown at the remarks below) A person of suit then residing in of abode	4/30/ THIS ", the proof the address able age and defendant" Time	Date Date Date Date Date Date Date Date
space I acknowledge re umber of proce Sign only for U than one USM 2 hereby certify a n the individua I hereby cert	BELOW FOR eccipt for the total ess indicated. (SM 285 if more (85 is submitted) and return that I had had, company, corporation rtify and return that I a of individual served (if	USE OF Total Process ave personally on, etc., at the am unable to low foot shown above) shown above)	District of Origin No served , address short acte the indicate)	ARSHAL O District to Serve No have legal evidence with above on the or	DEFENDANT DNLY DO NO Signature of Author ce of service, have the individual, comp	(415) 52 OT WR rized USMS executed a any, corporate above (See	ITE BELOW Deputy or Clerk S Deputy or Clerk Its shown in "Remarks ation, etc. shown at the remarks below) A person of suit then residing in of abode Date	4/30/ THIS ", the proceed address able age addefendant" Time	Date Date Date Date Date Date Date Date
space I acknowledge re umber of proce Sign only for U than one USM 2 hereby certify a the individua I hereby cert Idame and title of	BELOW FOR eccipt for the total ess indicated. (SM 285 if more (85 is submitted) and return that I had not be a company, corporation of individual served (if ete only different than Total Mileage Cha	USE OF Total Process ave personally on, etc., at the am unable to low foot shown above) shown above)	District of Origin No served , address short acte the indicate)	ARSHAL O District to Serve No. have legal evidenteen above on the orividual, company, orividual, compan	DEFENDANT DNLY DO NO Signature of Author ce of service, have a the individual, comp corporation, etc. named	(415) 52 OT WR rized USMS executed a any, corporate above (See	ITE BELOW S Deputy or Clerk Is shown in "Remarks ation, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. Marsh	4/30/ THIS ", the proof the address able age at defendant." Time arshal or E	Date Date Date Date Date Date Date Date

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Armand Flore	z					COURT CASE NUME C-07-5763-TEH (P			
DEFENDANT						TYPE OF PROCESS			
Arnold Schwa	rzenegger, et a	l.			S	ummons, Compla	int & O	rder	
NAME OF IN	DIVIDUAL, COM	PANY, CORPO	ORATION. ETC	. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (OR CONDI	MN
SERVE D. Galloway	, Sergeant, Ca	lifornia Dep	partment of C	Corrections & Re	habilitat	ion, Salinas Valle	y State F	Prison	
AT ADDRESS (St	reet or RFD, Apar	tment No., City,	State and ZIP C	Code)					
31625 Hwy	101, P.O. Box	1050, Soled	ad, California	a 93960					
END NOTICE OF SERVICE CO	OPY TO REQUES	TER AT NAM	E AND ADDRE	SS BELOW		ber of process to be			
					serve	d with this Form 285	3		
Armand Florez					Numl	ber of parties to be		_	_
P. O. Box 2022 North Hills, Cal	ifornia 01303	2022			serve	d in this case	38		
	11011114 71373-	2022			Chec on U.	k for service S.A.		_	_
									Fold
ignature of Attorney other Origin	nator requesting se	rvice on behalf	<u> </u>	PLAINTIFF DEFENDANT		NE NUMBER 522-2067	DATE 4/30		
				DEFENDANT	(415) 5	522-2067	4/30	/08	
SPACE BELOW FO	OR USE OF	U.S. MA	RSHAL O	DEFENDANT NLY DO NO	(415) 5 OT WI	22-2067 RITE BELOW	4/30	/08 LINE	
SPACE BELOW FO	OR USE OF			DEFENDANT NLY DO NO	(415) 5 OT WI	522-2067	4/30	/08	
SPACE BELOW FO acknowledge receipt for the tota umber of process indicated. Sign only for USM 285 if more	OR USE OF	U.S. MAI	RSHAL O	DEFENDANT NLY DO NO	(415) 5 OT WI	22-2067 RITE BELOW	4/30	/08 LINE	
SPACE BELOW FO acknowledge receipt for the tota umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted)	DR USE OF Total Process	U.S. MAI	RSHAL O	NLY DO NO Signature of Author	(415) 5 OT WE	S22-2067 RITE BELOW IS Deputy or Clerk	4/30 7 THIS	Date	
SPACE BELOW FO acknowledge receipt for the tota umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I	Total Process have personally	U.S. MAI District of Origin No	RSHAL O	NLY DO NO Signature of Author	(415) 5 OT WE	S22-2067 RITE BELOW IS Deputy or Clerk as shown in "Remark:	4/30 7 THIS	Date	
acknowledge receipt for the tota umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I not the individual, company, corporate in the individual, company, corporate in the individual.	Total Process have personally pration, etc., at the	U.S. MAI District of Origin No served , □ ha address shown	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the	4/30 7 THIS	Date	
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corport I hereby certify and return that	Total Process have personally pration, etc., at the at I am unable to lo	U.S. MAI District of Origin No served , □ ha address shown ocate the individe	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the remarks below)	4/30 7 THIS	Date Date cess descrit inserted be	ped clow.
acknowledge receipt for the tota number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corporate the company of the company.	Total Process have personally pration, etc., at the at I am unable to lo	U.S. MAI District of Origin No served , □ ha address shown ocate the individe	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the	4/30 7 THIS	Date Date cess describinserted be	ped ellow.
space below for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporate I hereby certify and return the tame and title of individual serves.	have personally pration, etc., at the at I am unable to led (if not shown about 1)	U.S. MAI District of Origin No served , □ ha address shown ocate the individe	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in	4/30 7 THIS	Date Date cess describinserted be	on ce
space below for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I in the individual, company, corporate I hereby certify and return the lame and title of individual serves.	have personally pration, etc., at the at I am unable to led (if not shown about 1)	U.S. MAI District of Origin No served , □ ha address shown ocate the individe	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30 7 THIS s", the prohe address table age a defendant	Date Date cess describinserted be	on
space below for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporate I hereby certify and return the tame and title of individual serves.	have personally pration, etc., at the at I am unable to led (if not shown about 1)	U.S. MAI District of Origin No served , □ ha address shown ocate the individe	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30 7 THIS s", the proper address able age a defendant	Date Date cess descrit inserted be and discretic	on ce
space below for the total umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corporate I hereby certify and return the lame and title of individual serves address (complete only different total and the complete only different total and	have personally pration, etc., at the at I am unable to led (if not shown above)	District of Origin No served , ha address shown ocate the individual ove)	RSHAL O District to Serve No ve legal evidence above on the on dual, company, co	NLY DO NO Signature of Author e of service, have the individual, comporporation, etc. name	OT WE orized USM executed bany, corpord above (S	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. M	4/30 7 THIS s", the prohe address table age a defendant Time	Date Date cess descrit inserted be and discretic	on ce
space below for the tota umber of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corp. I hereby certify and return the lame and title of individual serves address (complete only different total)	have personally pration, etc., at the at I am unable to led (if not shown above) Charges Forward	District of Origin No served , ha address shown ocate the individual ove)	RSHAL O	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE orized USM executed bany, corpord above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date	4/30 7 THIS s", the prohe address table age a defendant Time	Date Date cess descrit inserted be and discretic	on ce
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corportal I hereby certify and return the Name and title of individual serves and title of individual serves. Address (complete only different to Service Fee Total Mileage	have personally pration, etc., at the at I am unable to led (if not shown above) Charges Forward	District of Origin No served , ha address shown ocate the individual ove)	RSHAL O District to Serve No ve legal evidence above on the on dual, company, co	NLY DO NO Signature of Author e of service, have the individual, comporporation, etc. name	OT WE orized USM executed bany, corpord above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date Signature of U.S. Marsh.	4/30 7 THIS 7 THIS 8", the proper address able age a defendant Time arshal or I	Date Date cess descrit inserted be and discretic	on ce

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT							TYPE OF PROCESS		
	Arnold Schwarzene	gger, et a	l.			:	Summons, Compla	int & O	rder
	NAME OF INDIVID	UAL, COM	PANY, CO	RPORATION, ETC	. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	Oyarzabal, Serge	ant, Califo	ornia Dep	partment of Co	rrections & Reha	bilitatio	n, Salinas Valley S	State Pri	son
AT \	ADDRESS (Street or	RFD, Apar	tment No., C	City, State and ZIP (Code)				
	31625 Hwy 101,	P.O. Box	1050, Sol	edad, Californi	a 93960				
SEND NOTICE	OF SERVICE COPY T	O REQUES	TER AT NA	ME AND ADDRE	SS BELOW	Num	ber of process to be		
i						serve	ed with this Form 285	3	
P	Armand Florez O. Box 2022 North Hills, California	a 91393-	2022				aber of parties to be ed in this case	38	
L	-	u 71373-	2022				ck for service		
Signature of Att	torney other Originator re	questing ser	vice on beha	alf of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
					DEFENDANT	(415)	522-2067	4/30	/08
SPACE	BELOW FOR U	SE OF	U.S. M	ARSHAL O	NLY DO N	OT W	RITE BELOW	THIS	LINE
I acknowledge in number of proce (Sign only for U	receipt for the total To	tal Process	District of Origin				MS Deputy or Clerk		Date
I hereby certify on the individua	and return that I hav	e personally , etc., at the	served ,	have legal evidenc	e of service, have	e executed any, corp	as shown in "Remarks oration, etc. shown at the	s", the pro ne address	cess described inserted below.
☐ I hereby ce	ertify and return that I am	unable to lo	cate the indi	ividual, company, c	orporation, etc. name	d above (S	See remarks below)		
Name and title	of individual served (if no	shown abo	ove)				A person of suit then residing in of abode		
Address (compl	ete only different than sh	own above)				1.00	Date	Time	a
							Signature of U.S. M		Deputy
Service Fee	Total Mileage Chargincluding endeavors)		ling Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsh ant of Refund*)	al* or	
							\$0.0	0	
REMARKS:									

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

acknowledge renumber of proce Sign only for U. han one USM 2. hereby certify a on the individua I hereby cer Name and title o	SM 285 if more 85 is submitted) and return that I I, company, corpora	am unable to lo if not shown above) an arges Forward	address shown cate the indivi ove)	above on the on	e of service, ☐ have	e executed bany, corpored above (S	as shown in "Remarks oration, etc. shown at the See remarks below) A person of suite then residing in of abode Date Signature of U.S. Marsh unt of Refund*)	able age a defendant Time	Date cess described inserted below and discretion 's usual place
acknowledge renumber of proce Sign only for U. han one USM 2. hereby certify a on the individua I hereby cer Name and title o	ss indicated. SM 285 if more 85 is submitted) and return that I I, company, corpora rtify and return that I f individual served (have personally tion, etc., at the am unable to lo if not shown abo	Origin No served , h address shown cate the indivi	Noave legal evidence above on the on	e of service, have	e executed	as shown in "Remarks oration, etc. shown at the see remarks below) A person of suitathen residing in of abode	e address able age a defendant	Date cess described inserted below and discretion is usual place
acknowledge renumber of proce Sign only for U. han one USM 2. hereby certify a on the individua I hereby cer Name and title o	ss indicated. SM 285 if more 85 is submitted) and return that I I, company, corpora rtify and return that I f individual served (have personally tion, etc., at the am unable to lo if not shown abo	Origin No served , h address shown cate the indivi	Noave legal evidence above on the on	e of service, have	e executed	as shown in "Remarks oration, etc. shown at the see remarks below) A person of suitathen residing in of abode	e address able age a defendant	Date cess described inserted below
acknowledge rinumber of proce Sign only for U. han one USM 2 hereby certify a on the individua	ss indicated. SM 285 if more 85 is submitted) and return that I I, company, corpora	have personally tion, etc., at the am unable to lo	Origin No served , h address shown cate the indivi	Noave legal evidence above on the on	e of service, have	e executed	as shown in "Remarks oration, etc. shown at th	s", the prod	Date
acknowledge re number of proce Sign only for U. han one USM 2. hereby certify a on the individual	ss indicated. SM 285 if more 85 is submitted) and return that I I, company, corpora	have personally tion, etc., at the	No served , \bigcup haddress shown	Noave legal evidence above on the on	e of service, have	e executed	as shown in "Remarks oration, etc. shown at th	s", the prod	Date
acknowledge ro umber of proce Sign only for U.	ss indicated. SM 285 if more	Total Process	Origin	Serve	Signature of Autho	orized USN	AS Deputy or Clerk		
	eceipt for the total	Total Process	District of	District to	Signature of Autho	rized USN	AS Deputy or Clerk		
STACE	DELU W FUR			KSHAL U	MLI DO N		MILE BELUW	1 1113	
SPACE I	SELOW FOR	D LISE OF	II S MA				S22-2067 RITE BELOW		
gnature of Atte	orney other Originate	or requesting ser	vice on benai	_	PLAINTIFF DEFENDANT		ONE NUMBER	4/30	
	RUCTIONS OR OT Numbers, and Estim				IN EXPEDITING SE	ERVICE (Include Business and A	<u>llternate /</u>	Addresses,
L	_						ck for service		
	O. Box 2022 orth Hills, Califo	ornia 91393-	2022			serve	ed in this case	38	
	rmand Florez						ber of parties to be		
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NAM	ME AND ADDRE	SS BELOW		ber of process to be	3	
**1	31625 Hwy 10								
SERVE AT	R. Boucher, So ADDRESS (Street					<u>abilit</u> atio	on, Salinas Valley	State Pr	ison
~							ON OF PROPERTY TO		
	Arnold Schwarz	enegger, et al	l .				Summons, Compla	int & O	rder
DEFENDANT							C-07-5763-TEH (P	(R)	

- PRINT 5 COPIES: I. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Armand Florez						court case nume C-07-5763-TEH (P		
DEFENDANT						TYPE OF PROCESS		
Arnold Schwarz	enegger, et al				:	Summons, Compla	int & Or	der
NAME OF INDI	VIDUAL, COMI	PANY, CORP	PORATION. ETC	. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE C	OR CONDEMN
					abilitati	on, Salinas Valley	State Pri	son
AT ADDRESS (Street	et or RFD, Apart	ment No., City	v, State and ZIP C	Code)				
31625 Hwy 10	01, P.O. Box	1050, Solec	dad, California	93960				
END NOTICE OF SERVICE COP	Y TO REQUEST	TER AT NAM	IE AND ADDRE	SS BELOW		nber of process to be	2	
	*************************************				serv	ed with this Form 285	3	
Armand Florez					Num	iber of parties to be		
P. O. Box 2022 North Hills, Califo	ornia 01303_	2022			serv	ed in this case	38	
Notth Films, Came	ЛПа 91393-	2022				ck for service J.S.A.		
ignature of Attorney other Originate	or requesting ser	vice on behalf	-	PLAINTIFF DEFENDANT		ONE NUMBER 522-2067	DATE 4/30/	/08
ignature of Attorney other Originate SPACE BELOW FOR				DEFENDANT	(415)	522-2067	4/30/	
SPACE BELOW FOR acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more		U.S. MA District of Origin	RSHAL O District to Serve	DEFENDANT NLY DO NO	(415) OT W	522-2067	4/30/	
SPACE BELOW FOR acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more	R USE OF	U.S. MA	RSHAL O	DEFENDANT NLY DO NO	(415) OT W	522-2067 RITE BELOW	4/30/	LINE
SPACE BELOW FOI acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I	Total Process	U.S. MA District of Origin No	RSHAL O District to Serve No ave legal evidence	NLY DO NO Signature of Author	(415) OT W	S22-2067 RITE BELOW MS Deputy or Clerk I as shown in "Remark:	4/30/ 7 THIS	Date Date cess described
Signature of Attorney other Originate SPACE BELOW FOR acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I on the individual, company, corpora	Total Process have personally tion, etc., at the	District of Origin No	RSHAL O District to Serve No ave legal evidence a above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	(415) OT W. prized USI e executed bany, corp	RITE BELOW MS Deputy or Clerk I as shown in "Remark: oration, etc. shown at the	4/30/ 7 THIS	Date Date cess described
space Below For acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corporation of the process of the submitted on the individual of the submitted on the individual of the submitted on the individual of the submitted of the subm	Total Process have personally tion, etc., at the am unable to lo	District of Origin No served , haddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence a above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	(415) OT W. prized USI e executed bany, corp	See remarks below) A person of suit then residing in	4/30/ 7 THIS s", the proche address	Date Date cess described inserted below
space Below For acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corporation I hereby certify and return that I was and title of individual served (have personally tion, etc., at the am unable to lo	District of Origin No served , haddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence a above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	(415) OT W. prized USI e executed bany, corp	See remarks below) 522-2067 RITE BELOW MS Deputy or Clerk I as shown in "Remarks oration, etc. shown at the shown of t	4/30/ 7 THIS s", the proche address	Date Date cess described inserted below and discretion is usual place
space Below For acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I in the individual, company, corporation I hereby certify and return that I warm and title of individual served (have personally tion, etc., at the am unable to lo	District of Origin No served , haddress shown cate the indivi	RSHAL O District to Serve No ave legal evidence a above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	(415) OT W. prized USI e executed bany, corp	See remarks below) A person of suit then residing in of abode	4/30/ 7 THIS s", the proche address table age and defendant Time	Date
space below for acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) hereby certify and return that I on the individual, company, corpora I hereby certify and return that I wame and title of individual served (Address (complete only different that	have personally tion, etc., at the am unable to low (if not shown above)	District of Origin Noserved , haddress shown cate the individual.	RSHAL O District to Serve No ave legal evidence a above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT Warrized USI	RITE BELOW MS Deputy or Clerk It as shown in "Remark: foration, etc. shown at the shown of suit then residing in of abode Date	4/30/ 7 THIS s", the proof the address address address are address and address are address are address and address are address and address are address and address are address and address are address and address are address are address are address are address are address are address and address are address are address are address are address and address are address and address are address and address are address and address are address and address and address are address and address are address and address are address and address and address are addres	Date
space below for acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Thereby certify and return that I on the individual, company, corpora I hereby certify and return that I Name and title of individual served (Address (complete only different that I Service Fee Total Mileage C	have personally tion, etc., at the am unable to low (if not shown above)	District of Origin Noserved , haddress shown cate the individual.	RSHAL O District to Serve No ave legal evidence a above on the on idual, company, c	NLY DO NO Signature of Author e of service, □ have the individual, comporporation, etc. name	OT Warrized USI	RITE BELOW MS Deputy or Clerk It as shown in "Remark: oration, etc. shown at the state of the shown of the	4/30/ 7 THIS s", the proceed address and defendant." Time Time	Date

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Armand Flore	z					COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT						TYPE OF PROCESS	·	1.
Arnold Schwa						Summons, Compla		
4						ON OF PROPERTY T		
<					& Reha	abilitation, Salinas	Valley S	State Prison
***	reet or RFD, Apar							
	101, P.O. Box							
SEND NOTICE OF SERVICE CO	PPY TO REQUES	TER AT NAN	ME AND ADDRE	ESS BELOW		ber of process to be d with this Form 285	3	
Armand Florez P. O. Box 2022 North Hills, Cal	ifornia 91393-	2022				ber of parties to be	38	
					Chec on U	k for service .S.A.		
Signature of Attorney other Origin	ator requesting se	rvice on behal	f of:	PLAINTIFF DEFENDANT		DNE NUMBER	DATE 4/30/	
				DEFENDANT	(415) 5	522-2067	4/30/	
SPACE BELOW FO	OR USE OF	U.S. MA	RSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	522-2067 RITE BELOW	4/30/	LINE
SPACE BELOW FO acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	OR USE OF	U.S. MA District of Origin	ARSHAL O	DEFENDANT	(415) : OT WI	522-2067 RITE BELOW	4/30/	
SPACE BELOW FO acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	DR USE OF Total Process	U.S. MA District of Origin No	District to Serve	NLY DO NO	(415) S	S22-2067 RITE BELOW 1S Deputy or Clerk	4/30/ THIS	LINE Date
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I	Total Process have personally	U.S. MA District of Origin No	District to Serve No	NLY DO NO Signature of Author	(415) 5 OT WI rized USM	S22-2067 RITE BELOW 1S Deputy or Clerk as shown in "Remark:	4/30/ 7 THIS	Date Date
Signature of Attorney other Origin SPACE BELOW FO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I con the individual, company, corpording the company of the control of the control of the individual of the company.	Total Process have personally pration, etc., at the	District of Origin No	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	(415) 5 OT WI rized USM executed any, corpo	as shown in "Remark: oration, etc. shown at the	4/30/ 7 THIS	Date Date
SPACE BELOW FC I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpo I hereby certify and return that	Total Process have personally pration, etc., at the	U.S. MA District of Origin No served , h address shown becate the indivi	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	(415) 5 OT WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in	4/30/ 7 THIS s", the proche address	Date Date Date discretion
SPACE BELOW FC acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) thereby certify and return that I on the individual, company, corpo I hereby certify and return that Name and title of individual serve	have personally pration, etc., at the at I am unable to led (if not shown about 1)	U.S. MA District of Origin No served , h address shown becate the indivi	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	(415) 5 OT WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the lee remarks below) A person of suit	4/30/ 7 THIS s", the proche address	Date
acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I on the individual, company, corport I hereby certify and return that Name and title of individual serves	have personally pration, etc., at the at I am unable to led (if not shown about 1)	U.S. MA District of Origin No served , h address shown becate the indivi	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	(415) 5 OT WI rized USM executed any, corpo	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30/ 7 THIS s", the proceed address and defendant." Time	Date Date ress described inserted below. and discretion is usual place
SPACE BELOW FO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpo	have personally tration, etc., at the at I am unable to led (if not shown above) Charges Forward	U.S. MA District of Origin No served , h address show ocate the individual pove)	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	executed any, corporal dispose (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date	4/30/ 7 THIS s", the proche address table age and defendant. Time arshal or D	Date Date ress described inserted below. and discretion is usual place
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I can the individual, company, corporate I hereby certify and return that Name and title of individual serve. Address (complete only different to the service Fee Total Mileage	have personally tration, etc., at the at I am unable to led (if not shown above) Charges Forward	U.S. MA District of Origin No served , h address show ocate the individual pove)	District to Serve No	Signature of Authorities of Service, have the individual, components of the componen	executed any, corporal dispose (S	as shown in "Remarks pration, etc. shown at the residing in of abode Date Signature of U.S. Marshunt of Refund*)	4/30/ 7 THIS s", the proche address table age at defendant. Time arshal or D	Date Date ress described inserted below. and discretion is usual place
space below for acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I can the individual, company, corporate I hereby certify and return that Name and title of individual serve. Address (complete only different to the service Fee Total Mileage	have personally tration, etc., at the at I am unable to led (if not shown above) Charges Forward	U.S. MA District of Origin No served , h address show ocate the individual pove)	District to Serve No	Signature of Authorities of Service, have the individual, components of the componen	executed any, corporal dispose (S	as shown in "Remarks pration, etc. shown at the residing in of abode Date Signature of U.S. Marsh	4/30/ 7 THIS s", the proche address table age at defendant. Time arshal or D	Date Date ress described inserted below. and discretion is usual place

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

I acknowledge renumber of proce (Sign only for Uthan one USM 2 I hereby certify and the individua I hereby certify and the individua I hereby certify and the individua I hereby certify the individua I hereby certify and the individua I hereby certify and the individua I hereby certify the individual I hereby certify and individual I hereby certify the individual I hereby certify	eceipt for the total sess indicated. SM 285 if more 85 is submitted) and return that I	have personally tion, etc., at the am unable to lo if not shown above)	District of Origin No served , haddress show cate the indiv	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	executed as shown in "Remarkany, corporation, etc. shown at diabove (See remarks below) A person of su then residing in of abode Date Amount owed to U.S. Mars (Amount of Refund*) \$0.	ks", the proce the address in itable age and n defendant's Time	Date ess described eserted below discretion usual place
I acknowledge renumber of proce (Sign only for Uthan one USM 2 I hereby certify and the individua I hereby certify and the individua I hereby certify and the one used to be a second to	eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I 1, company, corporately and return that I of individual served (4)	have personally tion, etc., at the am unable to lo	District of Origin No below served , haddress show cate the indiv	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	executed as shown in "Remarlany, corporation, etc. shown at diabove (See remarks below) A person of su then residing in of abode Date	v THIS I	Date ess described eserted below discretion usual place
I acknowledge renumber of proce (Sign only for Uthan one USM 2 I hereby certify and the individua I hereby certify and the individua I hereby certify and the one used to be a second to	eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I 1, company, corporately and return that I of individual served (4)	have personally tion, etc., at the am unable to lo	District of Origin No below served , haddress show cate the indiv	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	executed as shown in "Remarkany, corporation, etc. shown at diabove (See remarks below) A person of su then residing in of abode	v THIS was, the process the address in the address in the adelendant's	Date Date ess described aserted below
I acknowledge renumber of proce (Sign only for Uthan one USM 2 I hereby certify a on the individua I hereby certify and the individua	eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I 1, company, corporately and return that I of individual served (4)	have personally tion, etc., at the am unable to lo	District of Origin No below served , haddress show cate the indiv	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	executed as shown in "Remarkany, corporation, etc. shown at diabove (See remarks below) A person of su then residing in of abode	v THIS was, the process the address in the address in the adelendant's	Date Date ess described aserted below
acknowledge renumber of proce (Sign only for Uthan one USM 2) I hereby certify a on the individua	eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I 1, company, corporatify and return that I	have personally tion, etc., at the	District of Origin No below served , haddress show cate the indiv	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	executed as shown in "Remarkany, corporation, etc. shown at above (See remarks below) A person of su	V THIS	Date Date ess described aserted below
acknowledge re number of proce Sign only for U. han one USM 2 hereby certify a on the individua	eceipt for the total sess indicated. SM 285 if more 85 is submitted) and return that I	Total Process have personally tion, etc., at the	District of Origin No served , haddress show	District to Serve No nave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	PARTITE BELOV rized USMS Deputy or Clerk executed as shown in "Remark any, corporation, etc. shown at	V THIS	Date ess described
acknowledge roumber of proce Sign only for Uhan one USM 2 hereby certify	eceipt for the total ess indicated. SM 285 if more 85 is submitted) and return that I	Total Process	District of Origin No	District to Serve No	NLY DO NO	T WRITE BELOV	V THIS	Date ess described
acknowledge ro number of proce Sign only for U. han one USM 2	eceipt for the total ess indicated. SM 285 if more 85 is submitted)	Total Process	District of Origin	District to Serve	NLY DO NO	OT WRITE BELOV	V THIS	LINE Date
acknowledge ro number of proce	eceipt for the total		District of	District to	NLY DO NO	OT WRITE BELOV	_	LINE
SPACE I	BELOW FOR	R USE OF	U.S. MA	RSHAL O			_	
					DEI ENDIUM	(413) 322-2007	4/30/0)8
					DEFENDANT	(415) 522 2067	4/20/0	
	orney other Originato			6-6	PLAINTIFF	TELEPHONE NUMBER	DATE	
	RUCTIONS OR OT Numbers, and Estima				IN EXPEDITING SE	RVICE (<u>Include Business and</u>	Alternate Ad	<u>foresses,</u>
	_		····			Check for service on U.S.A.		
P.	rmand Florez O. Box 2022 orth Hills, Califo	ornia 91393-	2022			Number of parties to be served in this case	38	
END NOTICE	OF SERVICE COPY	Y TO REQUES	TER AT NAM	ME AND ADDRE	SS BELOW	Number of process to be served with this Form 285	3	
	31625 Hwy 10	1, P.O. Box	1050, Sole	dad, California	a 93960			_
AT	ADDRESS (Street					a Kenaomiation, Samias	valley 5te	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SERVE						SCRIPTION OF PROPERTY 1 & Rehabilitation, Salinas		
	Arnold Schwarze					Summons, Compl		
					_	TYPE OF PROCESS		
DEFENDANT						COURT CASE NUM C-07-5763-TEH (

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Che on SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPI	mber of process to be yed with this Form 285 mber of parties to be yed in this case	int & Order D SEIZE OR CONDEMN S Valley State Priso 3
SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Sepectal Instructions or Other Information That Will Assist in expediting service on behalf of: Special Instructions or Other Information That Will Assist in expediting service all talehome Numbers, and Estimated Times Available for Service): Special Instructions or Other Information That Will Assist in expediting service on behalf of: Special Instructions or Other Information That Will Assist in Expediting Service All Telephone Numbers, and Estimated Times Available for Service): Special Instructions or Other Originator requesting service on behalf of: Space Below For Use Of U.S. Marshal Only DO NOT Will acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I have personally served, I have legal evidence of service, I have executed in the individual, company, corporation, etc., at the address shown above on the on the individual, ecompany, corporation, etc., at the address shown above on the on the individual, ecompany, corporation, etc. named above Name and title of individual served (if not shown above)	mber of process to be yed with this Form 285 mber of parties to be yed in this case	SEIZE OR CONDEMNS Valley State Prison 3 38
Kuzmicz, Correctional Officer, California Department of Corrections & R ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Ch on SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more had none USM 285 is submitted) Total Process No. No. No. I hereby certify and return that I have personally served, have legal evidence of service, have executed in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above Name and title of individual served (if not shown above)	mber of process to be yed with this Form 285 mber of parties to be yed in this case	3 38 Iternate Addresses.
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Choon SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): (415 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Was acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more had none USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above Name and title of individual served (if not shown above)	mber of process to be yed with this Form 285 mber of parties to be yed in this case each for service J.S.A.	3 38 Iternate Addresses.
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more nan one USM 285 is submitted) Total Process District of Origin Origin No. No. Signature of Authorized Using new proporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above dame and title of individual served (If not shown above)	nber of parties to be yed in this case seck for service J.S.A.	38 Iternate Addresses.
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Chon SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (II Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total umber of process indicated (ising only for USM 285 if more tan one USM 285 is submitted) Total Process District of Origin Serve (ising only for USM 285 is submitted) Total Process No. No. Signature of Authorized Use (if not shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above ame and title of individual served (if not shown above)	nber of parties to be yed in this case seck for service J.S.A.	38 Iternate Addresses.
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Choon SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wasknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have execute in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above fame and title of individual served (if not shown above)	nber of parties to be yed in this case seck for service J.S.A.	38 Iternate Addresses.
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Chool SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Washington one USM 285 if more han one USM 285 if more han one USM 285 is submitted) hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above dame and title of individual served (if not shown above)	nber of parties to be yed in this case	38 Iternate Addresses.
P. O. Box 2022 North Hills, California 91393-2022 Chon SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above Name and title of individual served (if not shown above)	eck for service J.S.A.	lternate Addresses,
North Hills, California 91393-2022 Chool SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W. acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above same and title of individual served (if not shown above)	ck for service J.S.A.	lternate Addresses,
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE All Telephone Numbers, and Estimated Times Available for Service): TELEPHONE SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WAS acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more had one USM 285 is submitted) Total Process No Signature of Authorized Use Serve No Serve No Signature of Authorized Use No No Serve No I have legal evidence of service, have execute in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above same and title of individual served (if not shown above)	J.S.A.	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT TELEPI	(Include Business and A	
ignature of Attorney other Originator requesting service on behalf of: PLAINTIFF	(Include Business and A	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Total Process No. No. Signature of Authorized Use No.		<u>Fol</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Total Process District of Origin Serve No.		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Total Process District of Origin Serve No.		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more nan one USM 285 is submitted) Total Process District of Origin Serve No. No. No. hereby certify and return that I have personally served, have legal evidence of service, have execute in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above lame and title of individual served (if not shown above)		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT Wacknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) Total Process District of Origin Serve No.		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT W acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above lame and title of individual served (if not shown above)	ONE NUMBER	DATE
acknowledge receipt for the total umber of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) No	522-2067	4/30/08
umber of process indicated. Sign only for USM 285 if more nan one USM 285 is submitted) No	RITE BELOW	THIS LINE
Sign only for USM 285 if more han one USM 285 is submitted) No	MS Deputy or Clerk	Date
hereby certify and return that I have personally served, have legal evidence of service, have executed in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. named above. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above. Name and title of individual served (if not shown above)		
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above Name and title of individual served (if not shown above)		
Name and title of individual served (if not shown above)		
	(See remarks below)	
Address (complete only different than shown above)		able age and discretion defendant's usual place
	Date	Time
		rshal or Deputy
	Signature of U.S. Ma	ıJ* ər
	Signature of U.S. Ma	
REMARKS:	ount owed to U.S. Marsha)
CAN TIKE.	ount owed to U.S. Marsha)
	ount owed to U.S. Marsha	0

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT					_		TYPE OF PROCESS	·	
À	Arnold Schwarze	negger, et al	l.			5	Summons, Compla	int & O	rder
	- NAME OF INDIV	IDUAL, COM	PANY, COR	RPORATION. ETC	. TO SERVE OR DE	SCRIPTION	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE AT	Esser, Correct	or RFD, Apart	r, Californ tment No., Ci	ia Department	of Corrections &	& Rehab	oilitation, Salinas V	alley St	ate Prison
(31625 Hwy 10	1, P.O. Box	1050, Sole	edad, California	a 93960				
SEND NOTICE C	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDRE	SS BELOW		ber of process to be	2	
			***************************************			serve	d with this Form 285	3	
P. (mand Florez O. Box 2022 orth Hills, Califor	rnia 91393_	2022				ber of parties to be	38	
	ittii Tiitis, Cairio	illia 91393-	2022			Chec on U	k for service .S.A.		
Signature of Attor	mey other Originator	r requesting ser	vice on beha	_	PLAINTIFF DEFENDANT		DNE NUMBER 522-2067	DATE 4/30/	· ·08
					DEFENDANT	(415)	522-2067	4/30/	
SPACE B	ELOW FOR	USE OF	U.S. MA	ARSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	522-2067 RITE BELOW	4/30/	LINE
SPACE B	ELOW FOR ceipt for the total s indicated.				DEFENDANT	(415) : OT WI	522-2067 RITE BELOW	4/30/	
SPACE BI I acknowledge rec number of process (Sign only for USI	ELOW FOR ceipt for the total s indicated. M 285 if more	USE OF	U.S. MA	ARSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	522-2067 RITE BELOW	4/30/	LINE
SPACE Bill acknowledge reconnumber of process (Sign only for US) than one USM 283	ELOW FOR beipt for the total s indicated. M 285 if more 5 is submitted) and return that I	Total Process	U.S. MA District of Origin No served ,	District to Serve No	NLY DO NO Signature of Autho	(415) : OT WI rized USM	522-2067 RITE BELOW	4/30/ 7 THIS	Date Date
SPACE BI I acknowledge rec number of process (Sign only for US) than one USM 28: I hereby certify an on the individual,	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h h, company, corporati	Total Process ave personally on, etc., at the	U.S. MA District of Origin No served , address show	District to Serve No	NLY DO NO Signature of Autho	(415) S	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS	Date Date
SPACE BI I acknowledge rec number of process (Sign only for US) than one USM 283 I hereby certify an on the individual,	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h h, company, corporati	Total Process ave personally on, etc., at the am unable to lo	District of Origin No served , address show cate the indiv	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) S	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS 5", the proceed address	Date Date cess described inserted below
SPACE BI I acknowledge rec number of process (Sign only for USI than one USM 28: I hereby certify an on the individual, I hereby certi Name and title of	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h, company, corporati	Total Process ave personally ion, etc., at the am unable to lo	District of Origin No served , address show cate the indiv	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) S	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in	4/30/ 7 THIS 5", the proceed address	Date Date cess described inserted below
SPACE BI I acknowledge rec number of process (Sign only for USI than one USM 28: I hereby certify an on the individual, I hereby certi Name and title of	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h, company, corporati ify and return that I a individual served (if	Total Process ave personally ion, etc., at the am unable to lo	District of Origin No served , address show cate the indiv	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) S	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30/ 7 THIS 5", the proone address able age addefendant	Date Date Described inserted below and discretion is usual place
SPACE B I acknowledge rec number of process (Sign only for USI than one USM 28: I hereby certify an on the individual, I hereby certi Name and title of Address (complete	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h, company, corporati ify and return that I a individual served (if	Total Process ave personally ion, etc., at the am unable to low frost shown above) shown above)	District of Origin No served , address show cate the indivive)	District to Serve No	NLY DO NO Signature of Autho e of service, have the individual, comp	(415) S OT WI rized USM executed any, corporate displayed above (S	as shown in "Remarks oration, etc. shown at the eremarks below) A person of suit then residing in of abode Date	4/30/ 7 THIS 5", the proone address able age addefendant	Date Date Described inserted below and discretion is usual place
SPACE BI I acknowledge rec number of process (Sign only for USI than one USM 28: I hereby certify an on the individual, I hereby certi Name and title of	ELOW FOR ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I h, company, corporati ify and return that I a individual served (if the only different than	Total Process ave personally ion, etc., at the am unable to low frost shown above) shown above)	District of Origin No served , address show cate the indivive)	District to Serve No have legal evidence on above on the on vidual, company, co	NLY DO NO Signature of Autho e of service, have the individual, comporporation, etc. named	(415) S OT WI rized USM executed any, corporate displayed above (S	as shown in "Remarks oration, etc. shown at the residing in of abode Date Signature of U.S. Marsh	4/30/ 7 THIS 5", the proof the address able age at defendant. Time arshal or E	Date Date Described inserted below and discretion is usual place

PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT							TYPE OF PROCESS		
	Arnold Schwarzen	egger, et a	1.				Summons, Compla	int & O	rder
	NAME OF INDIVI	UAL, COM	IPANY, COI	RPORATION. I	ETC. TO SERVE OR DE	SCRIPTION	ON OF PROPERTY T	O SEIZE (OR CONDEM
SERVE					rtment of Correction				
AT	ADDRESS (Street o					5113 CC 1CC	naomation, Sam	as varie	y State I II.
AI	31625 Hwy 101,								
END NOTICE	OF SERVICE COPY T								
END NOTICE	OF SERVICE COPY	O REQUES	IEKAINA	AME AND ADL	KESS BELOW		ber of process to be d with this Form 285	3	
	_					Serve	u with this Form 283		_
	rmand Florez					Num	ber of parties to be		
	O. Box 2022	:- 01202	2022				d in this case	38	
No	orth Hills, Californ	1a 91393-	2022						
	_					on U	k for service .S.A.		
					ST IN EXPEDITING SI	ERVICE (<u>1</u>	nclude Business and	Alternate 2	Addresses,
All Telephone P	Numbers, and Estimate	a 11mes Ava	utable for se	ervice):					i
Signature of Atto	orney other Originator r	equesting se	rvice on beh	alf of:	▼ PLAINTIFF		ONE NUMBER	DATE	
Signature of Atto	orney other Originator r	equesting se	rvice on beh	alf of:	▼ PLAINTIFF □ DEFENDANT		ONE NUMBER 522-2067	DATE 4/30	
					_	(415)	522-2067	4/30	/08
SPACE E	BELOW FOR Except for the total se indicated.			ARSHAL	ONLY DO N	(415) :	522-2067	4/30	/08
SPACE E	BELOW FOR eccipt for the total ss indicated. SM 285 if more	USE OF	U.S. M	ARSHAL District to	ONLY DO N	(415) :	S22-2067 RITE BELOW	4/30	/08
SPACE B acknowledge renumber of proces (Sign only for US than one USM 28	BELOW FOR eccipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I have	USE OF otal Process	District of Origin No.	ARSHAL District to Serve No	ONLY DO N Signature of Author	(415) : OT WI orized USM	S22-2067 RITE BELOW 1S Deputy or Clerk as shown in "Remark	4/30 / THIS	Date
SPACE En acknowledge renumber of procest Sign only for US than one USM 20 hereby certify a on the individual	BELOW FOR accept for the total sindicated. SM 285 if more standing for the standing for t	ve personally	District of Origin No	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com	OT WI	as shown in "Remark oration, etc. shown at the	4/30 / THIS	Date
SPACE B I acknowledge renumber of proces (Sign only for US than one USM 28 I hereby certify a on the individual	BELOW FOR eccipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I had a company, corporation tify and return that I an	ve personally n, etc., at the	District of Origin No served , address show	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author	OT WI	as shown in "Remark oration, etc. shown at the	4/30 / THIS	Date
SPACE B I acknowledge renumber of proces (Sign only for US than one USM 28 I hereby certify a on the individual	BELOW FOR accept for the total sindicated. SM 285 if more standing for the standing for t	ve personally n, etc., at the	District of Origin No served , address show	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com	OT WI	as shown in "Remark oration, etc. shown at the	4/30 / THIS s", the prohe address	Date Date Date cess described inserted belowed discretion
space B acknowledge re number of proces Sign only for US han one USM 28 hereby certify a on the individual 1 hereby cer Name and title o	BELOW FOR eccipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I had a company, corporation tify and return that I an	ve personally n, etc., at the n unable to loot shown about	District of Origin No	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com	OT WI	as shown in "Remark oration, etc. shown at the residing in then residing in	4/30 / THIS s", the prohe address	Date Date Date cess described inserted belowed discretion
space Be acknowledge re number of procesting only for US than one USM 28 thereby certify a on the individual 1 hereby certify a number of the space	BELOW FOR secipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I har I, company, corporation tify and return that I an f individual served (if n	ve personally n, etc., at the n unable to loot shown about	District of Origin No	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com	OT WI	as shown in "Remark oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30 / THIS s", the prohe address table age a defendant	Date Date Date cess described inserted belowed discretion
space Be acknowledge re number of procesting only for US than one USM 28 thereby certify a on the individual 1 hereby certify a number of the space	BELOW FOR secipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I har I, company, corporation tify and return that I and f individual served (if n	ve personally n, etc., at the n unable to loot shown about	District of Origin No	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com	OT WI	as shown in "Remark oration, etc. shown at the remarks below) A person of suit then residing in of abode	s", the prohe address defendant	Date Date Date Date cess describer inserted belowed discretion by the condition of the
space Be acknowledge re number of procesting only for US than one USM 28 thereby certify a on the individual 1 hereby certify a number of the space	BELOW FOR secipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I har I, company, corporation tify and return that I and f individual served (if n	ve personally n, etc., at the n unable to loo tshown above)	District of Origin No	District to Serve No have legal evid wn above on the	ONLY DO N Signature of Author ence of service, have on the individual, com y, corporation, etc. name	OT WI orized USM e executed by the corporate of the cor	as shown in "Remark oration, etc. shown at the residing in of abode Date	s", the prohe address table age a defendant	Date Date Date Date cess describer inserted belowed discretion by the condition of the
space B acknowledge re number of proces (Sign only for US) han one USM 28 hereby certify a on the individual I hereby cer Name and title of	BELOW FOR acceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I have been and return that I and findividual served (if note that I and the total) are only different than so	ve personally n, etc., at the n unable to loo tshown above)	District of Origin No	District to Serve No have legal evid wn above on the ividual, compan	ONLY DO N Signature of Author ence of service, have on the individual, com y, corporation, etc. name	OT WI orized USM e executed by the corporate of the cor	as shown in "Remark oration, etc. shown at the residing in of abode Date Signature of U.S. Marsh unit of Refund*)	4/30 / THIS s", the prohe address table age a defendant Time	Date Date Date Date cess describer inserted belowed discretion by the service of the service
space B acknowledge re number of proces (Sign only for US) han one USM 28 hereby certify a on the individual I hereby cer Name and title of	BELOW FOR acceipt for the total ss indicated. SM 285 if more 85 is submitted) and return that I have been and return that I and findividual served (if note that I and the total) are only different than so	ve personally n, etc., at the n unable to loo tshown above)	District of Origin No	District to Serve No have legal evid wn above on the ividual, compan	ONLY DO N Signature of Author ence of service, have on the individual, com y, corporation, etc. name	OT WI orized USM e executed by the corporate of the cor	as shown in "Remark oration, etc. shown at the residing in of abode Date Signature of U.S. Marsl	4/30 / THIS s", the prohe address table age a defendant Time	Date Date Date Date cess describer inserted belowed discretion by the service of the service

- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ar	rmand Florez						COURT CASE NUME C-07-5763-TEH (F		
DEFENDANT							TYPE OF PROCESS		
Ar	mold Schwarzene	gger, et al	l.			S	Summons, Compla	aint & O	rder
	NAME OF INDIVID	UAL, COM	PANY, COI	RPORATION. ETC	C. TO SERVE OR DE	ESCRIPTION	ON OF PROPERTY T	O SEIZE	OR CONDEM
SERVE)	Avalos, Correction	onal Offic	er, Califo	rnia Departme	nt of Correction		abilitation, Salinas		
	ADDRESS (Street or								
	31625 Hwy 101,	P.O. Box	1050, Sol	edad, Californi	a 93960				
SEND NOTICE OF	F SERVICE COPY TO	O REQUES	TER AT NA	ME AND ADDRE	ESS BELOW		ber of process to be ed with this Form 285	3	
P. O	nand Florez D. Box 2022 th Hills, Californi	a 91393-	2022				ber of parties to be	38	
	ui iims, cumoim	u	2022			Chec on U	k for service .S.A.		
Signature of Attorn	ney other Originator re	questing ser	vice on beha		PLAINTIFF		ONE NUMBER	DATE	
					DEFENDANT	(415)	522-2067	4/30	0/08
SPACE BE	ELOW FOR U	SE OF	U.S. M.	ARSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	S22-2067 RITE BELOW	4/30	5 LINE
SPACE BE	ELOW FOR Using the for the total indicated.			ARSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	522-2067	4/30	0/08
SPACE BE I acknowledge rece number of process i (Sign only for USM	ELOW FOR Using the total indicated. 1 285 if more	SE OF	U.S. M.	ARSHAL O	DEFENDANT NLY DO NO	(415) : OT WI	S22-2067 RITE BELOW	4/30	5 LINE
SPACE BE acknowledge recenumber of process is Sign only for USM than one USM 285	ELOW FOR L sipt for the total indicated. 1 285 if more is submitted) Total triangle in the submitted in t	ISE OF	U.S. M. District of Origin No served , □	ARSHAL O District to Serve No	Signature of Authorite of Service,	OT WI	S22-2067 RITE BELOW	4/30 / THIS	Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, of	ELOW FOR L sipt for the total indicated. 1 285 if more is submitted) Total triangle in the submitted in t	tal Process	District of Origin No served , □ address show	ARSHAL O District to Serve No have legal evidence we above on the on	Signature of Authorite of Service, have the individual, comp	OT WI orized USM	as shown in "Remark: oration, etc. shown at the	4/30 / THIS	Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c	ELOW FOR Using to the total indicated. 1 285 if more is submitted) I return that I have company, corporation	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indi	ARSHAL O District to Serve No have legal evidence we above on the on	Signature of Authorite of Service, have the individual, comp	OT WI orized USM	as shown in "Remark: oration, etc. shown at the see remarks below) A person of suit then residing in	4/30 7 THIS	Date Date Date Date Date Date Date Date Date Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c I hereby certify Name and title of ir	ELOW FOR Using the total indicated. 1 285 if more is submitted) I return that I have company, corporation by and return that I am	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indi	ARSHAL O District to Serve No have legal evidence we above on the on	Signature of Authorite of Service, have the individual, comp	OT WI orized USM	as shown in "Remark: oration, etc. shown at the late remarks below) A person of suit	4/30 7 THIS	Date Date Date ccess described inserted below and discretion the usual place
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c I hereby certify Name and title of ir	ELOW FOR Using the total indicated. 1.285 if more is submitted. If return that I have company, corporation by and return that I am individual served (if not individual served).	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indi	ARSHAL O District to Serve No have legal evidence we above on the on	Signature of Authorite of Service, have the individual, comp	OT WI orized USM	as shown in "Remark: oration, etc. shown at the residing in of abode	4/30 7 THIS s", the prohe address table age a defendant Time	Date Date Date Date Date Date Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c I hereby certify Name and title of ir Address (complete	ELOW FOR Using the total indicated. 1.285 if more is submitted. If return that I have company, corporation by and return that I am individual served (if not individual served).	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indivive)	ARSHAL O District to Serve No have legal evidence we above on the on	Signature of Authorities of Service, have the individual, components of the corporation, etc. name	OT WI orized USM e executed bany, corporated above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date	4/30 7 THIS s", the prohe address table age a defendant Time	Date Date Date Date Date Date Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c I hereby certify Name and title of ir Address (complete	ELOW FOR Using the total indicated. 1 285 if more is submitted) If return that I have company, corporation by and return that I am individual served (if no only different than she	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indivive)	ARSHAL O District to Serve No have legal evidence we above on the on ividual, company, c	Signature of Authorite of Service, have the individual, comp	OT WI orized USM e executed pany, corporad above (S	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode Date Signature of U.S. M	4/30 7 THIS s", the prohe address table age a defendant Time	Date Date Date Date Date Date Date Date
SPACE BE I acknowledge rece number of process i (Sign only for USM than one USM 285 I hereby certify and on the individual, c I hereby certify Name and title of ir Address (complete	ELOW FOR Using the total indicated. 1285 if more is submitted) If return that I have company, corporation by and return that I am individual served (if no only different than she only different th	tal Process e personally etc., at the unable to lo	District of Origin No served , address show cate the indivive)	ARSHAL O District to Serve No have legal evidence we above on the on ividual, company, c	Signature of Authorities of Service, have the individual, components of the corporation, etc. name	OT WI orized USM e executed pany, corporad above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date Signature of U.S. Marshin towed to U.S. Marshin towed towed to U.S. Marshin towed towed towed towed towed towed towed towe	4/30 7 THIS s", the prohe address table age a defendant Time larshal or l	Date Date Date Date Date Date Date Date

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

I acknowledge in number of processing only for Ushan one USM. I hereby certify on the individual I hereby certify and I hereby certify	receipt for the total ess indicated. ISM 285 if more 285 is submitted) and return that I al , company, corporal	have personally tion, etc., at the am unable to lo if not shown above)	address show ecate the indiv	District to Serve No nave legal evidence in above on the one	Signature of Author tee of service, have the individual, composition, etc. named	executed as slanny, corporation labove (See re	hown in "Remarks on, etc. shown at the marks below) A person of suitathen residing in of abode site gnature of U.S. Marshaved to U.S. Ma	", the proof address able age and defendant Time	Date cess described inserted belowed in the discretion is usual place
I acknowledge in number of processing only for Ushan one USM. I hereby certify on the individual I hereby certify and I hereby certify	receipt for the total ess indicated. JSM 285 if more 285 is submitted) and return that I all, company, corporatertify and return that I of individual served (have personally tion, etc., at the am unable to lo	Origin No served , } address show exate the indiv	District to Serve No nave legal evidence in above on the one	Signature of Author	executed as sl any, corporation d above (See re	hown in "Remarks on, etc. shown at the marks below) A person of suita then residing in of of abode	", the proof e address able age a defendant	Date cess described inserted below
I acknowledge in number of processing only for Using only for Using I hereby certify on the individual I hereby certify I hereby certify and the individual I hereby certify I hereby certify and title	receipt for the total ess indicated. JSM 285 if more 285 is submitted) and return that I all, company, corporatertify and return that I of individual served (have personally tion, etc., at the am unable to lo	Origin No served , } address show exate the indiv	District to Serve No nave legal evidence in above on the one	Signature of Author	executed as sl any, corporation d above (See re	hown in "Remarks on, etc. shown at the marks below) A person of suita then residing in of of abode	", the proof e address able age a defendant	Date cess described inserted below
acknowledge in the process of the pr	receipt for the total ess indicated. JSM 285 if more 285 is submitted) and return that I all, company, corporatertify and return that I	have personally tion, etc., at the	Origin No served , } address show exate the indiv	District to Serve No nave legal evidence in above on the one	Signature of Author	executed as slany, corporation	hown in "Remarks on, etc. shown at th marks below)	", the prode address	Date cess described inserted below
acknowledge number of proc (Sign only for U than one USM I hereby certify on the individual	receipt for the total ess indicated. ISM 285 if more 285 is submitted) and return that I al , company, corporal	Total Process have personally tion, etc., at the	Noserved , I address show	District to Serve No nave legal evidence in above on the one	Signature of Author	executed as slany, corporation	hown in "Remarks in, etc. shown at th	", the prod	Date
acknowledge number of proc Sign only for U han one USM	receipt for the total ess indicated. JSM 285 if more 285 is submitted) and return that I	Total Process	Origin No	District to Serve No	Signature of Author	executed as si	hown in "Remarks	", the prod	Date
acknowledge a number of proc Sign only for U	receipt for the total ess indicated. JSM 285 if more		Origin	District to Serve		rized USMS De	eputy or Clerk	THIS	
	_		District of	_		rized HEME D	anuty or Clark	THIS	
CDACE	KHI (11X/ H/ 10		U.S. MA	KRSHAL ()	INT.Y DO NO	JT WRIT	E BELOW		T T3.
	DEL OW FOR	LIGE OF	TIC BE		DEFENDANT	(415) 522-		4/30/	/08
ignature of At	torney other Originato	or requesting ser	vice on behal		PLAINTIFF	TELEPHONE N		DATE	10.0
all Telephone	Numbers, and Estim	atea Times Ava	itable for ser	vice):					<u>_</u> F
					IN EXPEDITING SE	RVICE (<u>Inclu</u>	de Business and A	lternate /	Addresses.
	_					Check for on U.S.A.	service		
P	Armand Florez P. O. Box 2022 North Hills, Califo	ornia 91393-	2022			Number o served in	f parties to be this case	38	
END NOTICE	E OF SERVICE COPY	Y TO REQUES	IER AT NA!	ME AND ADDRI			f process to be th this Form 285	3	
	31625 Hwy 10								
AT	ADDRESS (Street					remainment	on, ounnes vu	ney su	1113011
SERVE	4				of Corrections &				
	Arnold Schwarze			DOD ATION ET	C. TO SERVE OR DES		mons, Compla		
٠			_				E OF PROCESS		
DEFENDANT							rt case numb -5763-TEH (Pi		

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

A	Armand Florez						COURT CASE NUME C-07-5763-TEH (P			
DEFENDANT				_	<u> </u>		TYPE OF PROCESS			
	Arnold Schwarzen	egger, et al	l.				Summons, Compla	int & O	rder	
	NAME OF INDIVI	DUAL, COM	PANY, COR	RPORATION. ET	C. TO SERVE OR DES	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (OR CONDI	EMN
SERVE)	Devillar, Correc	ctional Offi	icer, Califo	ornia Dept. of	Corrections & Re	ehabilita	ation, Salinas Valle	ey State	Prison	
AT	ADDRESS (Street of									
•	31625 Hwy 101	, P.O. Box	1050, Solo	edad, Californi	ia 93960					
END NOTICE (OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDR	ESS BELOW	Num	ber of process to be			
		= = × × + × + × × - × - + + +					d with this Form 285	3		
	mand Florez					Num	ber of parties to be			_
	O. Box 2022	-!- 01202	2022				d in this case	38		
No 	orth Hills, Californ	11a 91393-	2022			Chec on U	k for service			
Signature of Attor	rney other Originator	requesting ser	rvice on beha		FLAINTIFF	TELEPHO	ONE NUMBER	DATE		
ignature of Atto	rney other Originator	requesting ser	rvice on beha		PLAINTIFF DEFENDANT		ONE NUMBER 522-2067	DATE 4/30		
					FLAINTIFF	(415) 5	522-2067	4/30/	/08	
SPACE B	ELOW FOR		U.S. MA	ARSHAL O	DEFENDANT	(415) 5)T WI	S22-2067 RITE BELOW	4/30/	/08	
SPACE B acknowledge recumber of process	ELOW FOR ceipt for the total s indicated.	USE OF	U.S. MA	ARSHAL C	DEFENDANT DNLY DO NO	(415) 5)T WI	S22-2067 RITE BELOW	4/30/	/08	
SPACE B acknowledge recumber of process Sign only for US.	ELOW FOR ceipt for the total s indicated. M 285 if more	USE OF	U.S. MA	ARSHAL O	DEFENDANT DNLY DO NO	(415) 5)T WI	S22-2067 RITE BELOW	4/30/	/08	
SPACE B acknowledge recumber of process Sign only for US han one USM 28 hereby certify an	ceipt for the total s indicated. M 285 if more 15 is submitted) and return that I ha	USE OF	U.S. MA District of Origin No served , □	District to Serve No	DEFENDANT DNLY DO NO	(415) 5 T WI rized USM	S22-2067 RITE BELOW 1S Deputy or Clerk as shown in "Remark:	4/30/ 7 THIS	Date	
SPACE B acknowledge recommender of process Sign only for US. than one USM 28 hereby certify and the individual	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I ha, company, corporation	USE OF Total Process Total Process The personally on, etc., at the	U.S. Ma	District to Serve Nohave legal eviden wn above on the or	DNLY DO NO Signature of Author	(415) 5 T WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS	Date	
SPACE B acknowledge recumber of process Sign only for US. han one USM 28. hereby certify at on the individual 1 hereby cert	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that I ha, company, corporation	USE OF Total Process Eve personally on, etc., at the m unable to lo	District of Origin No served , address show the address show the served in the served i	District to Serve Nohave legal eviden wn above on the or	DNLY DO NO Signature of Author ce of service, have n the individual, compa	(415) 5 T WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS 7 THIS 8", the proche address	Date Date cess descritinserted be	on
space B acknowledge recumber of process Sign only for US. han one USM 28. hereby certify are on the individual I hereby cert Name and title of	ceipt for the total s indicated. M 285 if more (5 is submitted) and return that I had, company, corporation if y and return that I are	USE OF Total Process are personally on, etc., at the m unable to lo	District of Origin No served , address show the address show the served in the served i	District to Serve Nohave legal eviden wn above on the or	DNLY DO NO Signature of Author ce of service, have n the individual, compa	(415) 5 T WI rized USM executed any, corpo	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in	4/30/ 7 THIS 7 THIS 8", the proche address	Date Date cess descritinserted be	on a
space B acknowledge recumber of process Sign only for US. han one USM 28. hereby certify are on the individual I hereby cert Name and title of	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that 1 ha, company, corporation if y and return that 1 at 1 individual served (if it	USE OF Total Process are personally on, etc., at the m unable to lo	District of Origin No served , address show the address show the served in the served i	District to Serve Nohave legal eviden wn above on the or	DNLY DO NO Signature of Author ce of service, have n the individual, compa	(415) 5 T WI rized USM executed any, corpo	as shown in "Remark: oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30, 7 THIS s", the prome address table age a defendant Time	Date Date cess descriptions discretic being discretic susual pla	on a
space B acknowledge recumber of process Sign only for US. than one USM 28 thereby certify are in the individual I hereby cert slame and title of	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that 1 ha, company, corporation ify and return that 1 at 1 individual served (if it is e only different than s	USE OF Total Process The personally on, etc., at the munable to long the most shown above thousand the manufacture of the most shown above)	District of Origin No served , address show to cate the individual of t	District to Serve No have legal eviden wn above on the or vidual, company,	DNLY DO NO Signature of Author ce of service, have in the individual, compression, etc. named	OT WI ized USM executed any, corpo	as shown in "Remark: oration, etc. shown at the residing in of abode Date Signature of U.S. M	4/30, 7 THIS s", the proof the address able age a defendant Time arshal or I	Date Date cess descriptions discretic being discretic susual pla	on
SPACE B acknowledge recumber of process Sign only for US. than one USM 28. hereby certify an in the individual I hereby cert Jame and title of address (complete)	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that 1 ha, company, corporation if y and return that 1 at 1 individual served (if it	USE OF Total Process The personally on, etc., at the munable to long the most shown above of the mos	District of Origin No served , address show the address show the served in the served i	District to Serve Nohave legal eviden wn above on the or	DNLY DO NO Signature of Author ce of service, have n the individual, compa	executed any, corporal above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date	4/30, 7 THIS s", the proof the address able age a defendant Time arshal or I	Date Date cess descriptions discretic being discretic susual pla	on a
space B acknowledge recumber of process Sign only for US. than one USM 28. thereby certify are in the individual I hereby cert lame and title of	ceipt for the total s indicated. M 285 if more 5 is submitted) and return that 1 ha, company, corporation if y and return that 1 at 1 individual served (if it is only different than s	USE OF Total Process The personally on, etc., at the munable to long the most shown above of the mos	District of Origin No served , address show to cate the individual of t	District to Serve No have legal eviden wn above on the or vidual, company,	DNLY DO NO Signature of Author ce of service, have in the individual, compression, etc. named	executed any, corporal above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date Signature of U.S. Marsh	4/30, 7 THIS 7 THIS 8 address 7 the proper address 8 add	Date Date cess descriptions discretic being discretic susual pla	on a

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT	Armand Florez		-				C-07 -57 63-TEH (P			
A							TYPE OF PROCESS			
	Arnold Schwarze	negger, et a	l.				Summons, Compla	int & O	rder	
	NAME OF INDIV	'IDUAL, COM	PANY, COI	RPORATION. E	TC. TO SERVE OR D	ESCRIPTI	ON OF PROPERTY TO	O SEIZE (OR CON	DEMN
SERVE)	Morrison, II,	Correctional	Officer, C	California De	pt. of Corrections	& Reha	bilitation, Salinas	Valley S	tate Pr	ison
AT	ADDRESS (Street						•			
(31625 Hwy 10	1, P.O. Box	1050, Sol	edad, Califor	nia 93960					
SEND NOTICE (OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADD	RESS BELOW	Nun	ber of process to be	_		
							ed with this Form 285	3		
P.	mand Florez O. Box 2022						nber of parties to be ed in this case	38		
No	orth Hills, Califo	rnia 91393-	2022				ck for service J.S.A.			
Signature of Atto	mey other Originato	r requesting se	rvice on beha		X PLAINTIFF		ONE NUMBER	DATE		
					DEFENDANT	(415)	522-2067	4/30	/08	
SPACE B	ELOW FOR	USE OF	U.S. M.	ARSHAL	ONLY DO N	OT W	RITE BELOW	THIS	LIN	E
I acknowledge re number of proces	s indicated.	Total Process	District of Origin	District to Serve	Signature of Auth	orized USI	MS Deputy or Clerk		Date	
(Sign only for US than one USM 28		OMET MAN AND AND AND AND AND AND AND AND AND A	No	_ No						
I hereby certify a on the individual	nd return that I 🗀 I , company, corporat	nave personally ion, etc., at the	served, address show	have legal evide wn above on the	ence of service, have on the individual, com	ve executed pany, corp	d as shown in "Remarks oration, etc. shown at the	s", the pro he address	cess dese	cribed below.
☐ I hereby cert	ify and return that I	am unable to lo	cate the indi	vidual, company	, corporation, etc. nam	ed above (See remarks below)			
Name and title of	individual served (i	f not shown abo	ove)				A person of suit then residing in of abode	•		
Address (complete	te only different than	shown above)					Date	Time		☐ an
							Signature of U.S. M	arshal or l	Deputy	
Service Fee	Total Mileage Ch	arges Forward	ding Fee	Total Charges	Advance Deposits	Amo	unt owed to U.S. Marsh	ral* or		
Service rec	including endeave		anig i co	Total Charges	Auvance Deposit		ount of Refund*)	KII (1		
							\$0.0	00		
REMARKS:	***************************************									
KEMAKKS.										

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT	rmand Florez						COURT CASE NUMB C-07-5763-TEH (P		
							TYPE OF PROCESS		
A	rnold Schwarze	enegger, et al	l.				Summons, Compla	int & O	rder
(NAME OF INDIV	/IDUAL, COM	PANY, COR	PORATION. ETC	. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO) SEIZE (OR CONDEMN
SERVE)						& Rehab	oilitation, Salinas V	alley St	ate Prison
AT)				ty, State and ZIP (
	31625 Hwy 10	1, P.O. Box	1050, Sole	edad, California	a 93960				
SEND NOTICE O	F SERVICE COP	Y TO REQUES	TER AT NA	ME AND ADDRE	ESS BELOW		aber of process to be	3	
						serve	ed with this Form 285	,	
	nand Florez						ber of parties to be	20	
	O. Box 2022 rth Hills, Califo	rnia 91393-	2022			serve	ed in this case	38	
	in initial, came	, initial 91333	2022				ck for service U.S.A.		
Signature of Attori	ney other Originato	or requesting ser	rvice on behal	If of:	PLAINTIFF DEFENDANT		ONE NUMBER 522-2067	DATE 4/30	
					DEFENDANT	(415)		4/30	/08
SPACE BI	ELOW FOR				NLY DO NO	(415) OT W	522-2067	4/30	/08
SPACE BI acknowledge recommender of process	ELOW FOR	USE OF	U.S. MA	ARSHAL O	NLY DO NO	(415) OT W	522-2067 RITE BELOW	4/30	LINE
SPACE BI acknowledge reconumber of process (Sign only for USA	ELOW FOR eipt for the total indicated. M 285 if more	USE OF	U.S. MA	ARSHAL O	NLY DO NO	(415) OT W	522-2067 RITE BELOW	4/30	LINE
SPACE BI acknowledge recommumber of process Sign only for USM han one USM 285 hereby certify and	ELOW FOR eipt for the total indicated. M 285 if more is is submitted) d return that I	Total Process	U.S. MA District of Origin No served , h	District to Serve No	NLY DO NO Signature of Author	OT WI	522-2067 RITE BELOW	4/30	Date
SPACE BI I acknowledge reconumber of process (Sign only for USA than one USA 285 I hereby certify and on the individual,	eipt for the total indicated. M 285 if more 5 is submitted) d return that I company, corporate	Total Process have personally	U.S. MA District of Origin No served ,	District to Serve No	NLY DO NO Signature of Author	OT WI	RITE BELOW MS Deputy or Clerk as shown in "Remarks oration, etc. shown at the	4/30	Date
SPACE BI acknowledge reconumber of process Sign only for USM han one USM 285 thereby certify and on the individual,	eipt for the total indicated. M 285 if more 5 is submitted) d return that I company, corporate	Total Process have personally ition, etc., at the am unable to lo	U.S. MA District of Origin No served , haddress show the individual of	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	as shown in "Remarks oration, etc. shown at the See remarks below) A person of suit then residing in	4/30 THIS	Date Date Date Date Date Date Date Date
SPACE BI acknowledge reconumber of process (Sign only for USM than one USM 285) thereby certify and on the individual, I hereby certify Name and title of it	eipt for the total indicated. M 285 if more is submitted) d return that I company, corporat	Total Process have personally tion, etc., at the am unable to lo	U.S. MA District of Origin No served , haddress show the individual of	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	RITE BELOW MS Deputy or Clerk as shown in "Remarks oration, etc. shown at the See remarks below) A person of suit:	4/30 THIS	Date Date cess described inserted below. Indidiscretion 's usual place
SPACE BI acknowledge reconumber of process (Sign only for USM than one USM 285) thereby certify and on the individual, I hereby certify Name and title of it	eipt for the total indicated. M 285 if more 5 is submitted) d return that I company, corporate fy and return that I individual served (individual	Total Process have personally tion, etc., at the am unable to lo	U.S. MA District of Origin No served , haddress show the individual of	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT WI	A person of suitt then residing in of abode	4/30 THIS ", the proper address able age a defendant Time	Date Date Date cess described inserted below. Indidiscretion is usual place
SPACE BI I acknowledge reconumber of process (Sign only for USM than one USM 285) I hereby certify and on the individual, I hereby certify Name and title of i	eipt for the total indicated. M 285 if more 5 is submitted) d return that I company, corporate fy and return that I individual served (individual	Total Process have personally tion, etc., at the am unable to lot if not shown about a shown above)	District of Origin No served ,	District to Serve No	NLY DO NO Signature of Author e of service, have the individual, comp	OT Winized USM	RITE BELOW MS Deputy or Clerk as shown in "Remarks oration, etc. shown at the See remarks below) A person of suite then residing in of abode Date	4/30 THIS ", the proper address able age a defendant Time	Date Date Date cess described inserted below. Indidiscretion is usual place
SPACE BI I acknowledge reconsumber of process (Sign only for USA) than one USA 285 I hereby certify anon the individual, I hereby certify anon the individual, Address (complete	eipt for the total indicated. M 285 if more 5 is submitted) d return that I company, corporate fy and return that I individual served (in event) conformation of the	Total Process have personally tion, etc., at the am unable to lot if not shown about a shown above)	District of Origin No served ,	District to Serve No have legal evidence in above on the on vidual, company, c	NLY DO NO Signature of Autho e of service, have the individual, comporporation, etc. name	OT Winized USM	RITE BELOW MS Deputy or Clerk as shown in "Remarks oration, etc. shown at the See remarks below) A person of suitathen residing in of abode Date Signature of U.S. Macant owed to U.S. Marsh	4/30, THIS	Date Date Date cess described inserted below. Indidiscretion is usual place

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armold Schwarzenegger, et al. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY DeSIZE OR CONDEMS SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMS M. P. Modre, III, Chief Disciplinary Officer, CA Dept. of Corrections & Rehabilitation Salinas Valley State Prison ADDRESS (Sizes to RFD, Apartment No., City, June and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 FEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE acknowledger receipt for the total unaber of process indicated Sygn only for USM 251 in more hand and all process indicated Sygn only for USM 251 in more hand and all process indicated Sygn only for USM 251 in more hand and all process indicated Sygn only for USM 251 in more hand on the individual Company, corporation, etc. at the address shown above above not the on the individual, company, corporation, etc. shown at the address shown above and the on the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below	PLAINTIFF	Armand Florez				COURT CASE NUME C-07-5763-TEH (P	
Armold Schwarzenegger, et al. Summons, Complaint & Order NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMS SERVE AT ADDRESS (Pare or RPD. Apartment No. City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 N	DEFENDANT					`	
SERVE AT ADRESS (Greet or RED. Apartment No., City, State and ZIF Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P.O. Box 2022 North Hills, California 91393-2022 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process of the Market of Parket to Serve (Alifornia 91393-2022 Number of process of the Serve on U.S. Market of California 91393-2022 Number of process of the Serve on U.S. Market of California 91393-2022 Number of process of the Serve on U.S. Market of California 91393-2022 Number		Arnold Schwarzenegg	ger, et al.				int & Order
ATDREES (Street or RFD. Apartment No., Cip.) State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022 North Hills, California 91393-2022 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telaphone Numbers, and Estimated Times Available for Service): SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE Subcovidege recept for the total unable of the total unable of the continuation of process indicated Sign only for USM 285 framer had no net USM 285 framer had not not used to locate the individual, company, corporation, etc. shown in "Remarks", the process described in the individual served (if not shown above) 1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown in "Remarks", the process described in the individual served (if not shown above) 1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown in "Remarks", the process described in the individual process of Refusual place of abode 1 hereby certify and return that I a		NAME OF INDIVIDUA	AL, COMPANY, CO	RPORATION. ETC	. TO SERVE OR DES	CRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. 4th Telephone Numbers, and Estimated Times Available for Service): SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. 4th Telephone Numbers, and Estimated Times Available for Service):	SERVE	M. P. Modre, III, C	hief Disciplinary	Officer, CA De	ept. of Correction	s & Rehabilitation Salina	as Valley State Prison
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served with this Form 285 Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served in this case Check for service on U.S.A. Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Feb Service Signature of Attorney other Originator requesting service on behalf of: Company Company Company Company Company Company Company Company Company, Company, Company, Company, Company, Company Company, Company Company, Company, Company, Company Company, Company Company, Company Company, Company	AT	ADDRESS (Street or RI	FD, Apartment No., (City, State and ZIP C	Code)		
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Number of parties to be served with this form 285 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addressee.)	,	31625 Hwy 101, P.	O. Box 1050, So	ledad, California	a 93960		
Armand Florez P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A.	SEND NOTICE	OF SERVICE COPY TO I	REQUESTER AT NA	AME AND ADDRE	SS BELOW		
P. O. Box 2022 North Hills, California 91393-2022 Check for service on U.S.A.						served with this Form 285	3
North Hills, California 91393-2022 Check for service on U.S. A Check for service on U.S. A SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses. All Telephone Numbers, and Estimated Times Available for Service): Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF						Number of parties to be	
Signature of Attorney other Originator requesting service on behalf of: Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE NUMBER DATE DEFENDANT (415) 522-2067 4/30/08 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total number of process indicated Sign only for USM 283 if more No.			91393-2022			served in this case	38
Signature of Attorney other Originator requesting service on behalf of: PlainTIFF		orui IIIIis, Camoinia	71373-2022				
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 if submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below have and title of individual served (if not shown above) Address (complete only different than shown above) Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshall or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshall or Sol.00	Signature of Att	orney other Originator requ	esting service on bel	nalf of:	PLAINTIFF 1	ELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NOT WRITE BELOW THIS LINE acknowledge receipt for the total number of process included. Sign only for USM 285 if more han one USM 285 if more han one USM 285 is submitted) Date District to Serve No.						(415) 522-2067	4/30/08
acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more han one USM 285 is submitted) hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below the individual served (if not shown above) Name and title of individual served (if not shown above) Address (complete only different than shown above) Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount oved to U.S. Marshal * or (Amount of Refund*) \$0.00	SPACE	RELOW FOR US	E OF IIS M			<u> </u>	
No.		•	ļ				1
han one USM 285 is submitted) No.			Origin	Serve			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time			No	No			
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00							
Address (complete only different than shown above) Date Time Signature of U.S. Marshal or Deputy Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	☐ I hereby ce	rtify and return that I am un	able to locate the ind	lividual, company, c	orporation, etc. riamed	above (See remarks below)	
Service Fee Total Mileage Charges including endeavors) Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	Name and title o	of individual served (if not s	hown above)			then residing in	- C
Service Fee Total Mileage Charges including endeavors) Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00	Address (compl	ete only different than show	n above)			Date	Time a
including endeavors) (Amount of Refund*) \$0.00						Signature of U.S. M	arshal or Deputy
	Service Fee		Forwarding Fee	Total Charges	Advance Deposits		nal* or
REMARKS:						\$0.0	00
	REMARKS:						

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 5. NOTICE OF SERVICE AND A STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Armand Florez				COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT					TYPE OF PROCESS		
I	Arnold Schwarzene	gger, et al.			Summons, Compla	int & Order	
4	NAME OF INDIVID	JAL, COMPANY,	CORPORATION. ET	C. TO SERVE OR DES	CRIPTION OF PROPERTY TO	O SEIZE OR CO	ONDEMN
SERVE J					litation Salinas Valley Sta	ate Prison	
AT	ADDRESS (Street or						
	31625 Hwy 101, 1						
END NOTICE	OF SERVICE COPY TO	REQUESTER AT	T NAME AND ADDR	RESS BELOW	Number of process to be	3	
					served with this Form 285		
	rmand Florez O. Box 2022				Number of parties to be	38	
	orth Hills, California	a 91393-2022			served in this case	36	
	-				Check for service on U.S.A.		
Signature of Atto	omey other Originator red	questing service on	behalf of:	SIFLAINTIFF	TELEPHONE NUMBER	DATE	
SDACE E	DELOW FOR II	CE OF II C	MADSHAL	DEFENDANT	(415) 522-2067 OT WRITE BELOW	4/30/08	NIE.
		al Process Distric			zed USMS Deputy or Clerk	Date Date	
number of proces	ss indicated.	Origin		Signature of Author	Zed Osivis Deputy of Cicik	Date	•
Sign only for US han one USM 28		No	No				
hereby certify a	and return that I have , company, corporation,	personally served etc., at the address	, have legal evider shown above on the o	nce of service, have on the individual, compa	executed as shown in "Remarks ny, corporation, etc. shown at the	s", the process do	
							ed below
	tify and return that I am	anable to locate the	individual, company,	corporation, etc. named	above (See remarks below)		ed below
I hereby cert	tify and return that I am		individual, company,	corporation, etc. named	above (See remarks below) A person of suit then residing in of abode		ed below
☐ I hereby cert		shown above)	individual, company,	corporation, etc. named	A person of suit		ed below
☐ I hereby cert	f individual served (if no.	shown above)	individual, company,	corporation, etc. named	A person of suit then residing in of abode	defendant's usua	cretion
☐ I hereby cert	f individual served (if no.	shown above) wn above)		Advance Deposits	A person of suit then residing in of abode	defendant's usua Time arshal or Deputy	cretion al place
I hereby cert	f individual served (if not te only different than sho	shown above) wn above)			A person of suit then residing in of abode Date Signature of U.S. M.	Time arshal or Deputy	cretion

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT					_		TYPE OF PROCESS		
	Arnold Schwarz	enegger, et a	1.			S	Summons, Compla	int & O	rder
	NAME OF INDI	VIDUAL, COM	PANY, COR	PORATION. ETC	. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE	R. Baccellais,	Captain, Ca	lifornia De	epartment of C	Corrections & Rel	nabilitati	on Salinas Valley	State Pr	rison
AT	ADDRESS (Street	et or RFD, Apar	tment No., Ci	ity, State and ZIP C	ode)				
•	31625 Hwy 10	01, P.O. Box	1050, Solo	edad, California	93960				
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NA	ME AND ADDRE	SS BELOW		ber of process to be		
				**************************		serve	d with this Form 285	3	
	rmand Florez					Num	ber of parties to be		
	. O. Box 2022	:- 01202	2022				d in this case	38	
N	lorth Hills, Califo	omia 91393-	-2022			Chec.	k for service		
								1-	
Signature of Att	torney other Originate	or requesting se	rvice on beha		PLAINTIFF	TELEPHO	INE NUMBER	DATE	
					DEFENDANT	(415) 5	522-2067	4/30	/08
SPACE I	BELOW FOR	R USE OF	U.S. MA	ARSHAL O	NLY DO NO	OT WI	RITE BELOW	THIS	LINE
I acknowledge r	receipt for the total	Total Process	District of Origin	District to Serve	Signature of Autho	rized USM	1S Deputy or Clerk		Date
(Sign only for U	SM 285 if more		-						
	285 is submitted)		No	No		_			
I hereby certify on the individua	and return that I L. al, company, corpora	have personally	address show	have legal evidence on above on the on	e of service, L have the individual, comp	e executed any, corpo	as shown in "Remark pration, etc. shown at the	s", the pro he address	cess described inserted below.
☐ I hereby ce	rtify and return that l	I am unable to lo	ocate the indi	vidual, company, c	orporation, etc. name	d above (S	Gee remarks below)		
Name and title of	of individual served ((if not shown ab	ove)				A person of suit then residing in of abode		
Address (compl	ete only different tha	n shown above)	_				Date	Time	a
							Signature of U.S. M	arshal or l	<u>·</u>
Service Fee	Total Mileage Cl	harges Forward	ding Fee	Total Charges	Advance Deposits	Amou	int owed to U.S. Marsh	nal* or	
	including endeav						unt of Refund*)		
			,				\$0.0	00	
REMARKS:									

PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez	-					COURT CASE NUME C-07-5763-TEH (P			
DEFENDANT						——-	TYPE OF PROCESS	<u> </u>		
	Arnold Schwarzene	egger, et a	1.				Summons, Compla	int & O	der	
	NAME OF INDIVIE	OUAL, COM	PANY, COF	RPORATION, ETC	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE (OR CON	DEMN
SERVE	Hughes, Correcti	ional Cour	selor II. (CA. Departmen	t of Corrections	& Reha	abilitation, Salinas	Valley S	State Pr	ison
AT	ADDRESS (Street of									
	31625 Hwy 101,	P.O. Box	1050, Sole	edad, California	a 93960					
SEND NOTICE	OF SERVICE COPY T			-			nber of process to be ed with this Form 285	3		
	_					3017				
P	Armand Florez C. O. Box 2022 Jorth Hills, Californ	ia 91393-	2022				nber of parties to be ed in this case	38		
	_						ck for service J.S.A.			
Au Tetepnone <u>d</u>	Numbers, and Estimate	a Times Ava	uiabie jor se	rvicej:						Fold
Signature of At	torney other Originator r	equesting se	rvice on beha	alf of: ☑	PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
-	, -			_	DEFENDANT	(415)	522-2067	4/30	/ \ \Q	
						• •				
SPACE	BELOW FOR I	USE OF	U.S. M	ARSHAL O	NLY DO NO	OT W	RITE BELOW	THIS	LINI	₹
number of proce (Sign only for U	,	otal Process	District of Origin	District to Serve	Signature of Autho	rized USI	MS Deputy or Clerk		Date	
I hereby certify	and return that I hav									
I hereby ce	rtify and return that I am	n unable to lo	cate the indi	vidual, company, c	orporation, etc. name	d above (See remarks below)		_	
Name and title	of individual served (if n	ot shown abo	ove)				A person of suit then residing in of abode			
Address (compl	ete only different than sh	hown above)					Date	Time		a
							Signature of U.S. M.	arshal or I	Deputy	
Service Fee	Total Mileage Chargincluding endeavors		ding Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsh ount of Refund*)	nal* or		
							\$0.0	0		
REMARKS:					•	<u>'</u>		_		
PRINT 5 COP	I. CLERK OF TI 2. USMS RECOI	RD					PRIOR	EDITION	S MAY I	BE USI

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

						COURT CASE NUMB C-07-5763-TEH (P		
DEFENDANT						TYPE OF PROCESS	<u> </u>	
Arnold Schwarz	enegger, et a	1.			S	lummons, Compla	int & O	rder
NAME OF INDI	VIDUAL, COM	IPANY, CORP	ORATION. ETC	. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY TO	O SEIZE (OR CONDEMN
SERVE R. Parin, Lieu	itenant, Calif	fornia Depar	rtment of Cou	rrections & Rehal	bilitation	, Salinas Valley S	tate Pris	on
AT ADDRESS (Street	et or RFD, Apar	tment No., City	v, State and ZIP C	Code)				
31625 Hwy 1	01, P.O. Box	1050, Soled	dad, California	a 93960				
SEND NOTICE OF SERVICE COF	Y TO REQUES	TER AT NAM	IE AND ADDRE	SS BELOW	Numl	ber of process to be		
					serve	d with this Form 285	3	
Armand Florez P. O. Box 2022 North Hills, Calif	ornia 01303.	2022				ber of parties to be d in this case	38	
Notth Hills, Calif	omia 91393-	-2022			Check on U.	k for service S.A.		
Signature of Attorney other Origina	tor requesting se	tvice on hehalf			TEL EDUO		T	
digitative of Attorney office origina	, ,	TVICE ON BEHALI	<u> </u>	PLAINTIFF DEFENDANT		NE NUMBER 522-2067	4/30	
				DEFENDANT	(415) 5	522-2067	4/30	/08
SPACE BELOW FO	R USE OF	U.S. MA	RSHAL O	NLY DO NO	(415) 5 OT WI	522-2067 RITE BELOW	4/30	/08 LINE
SPACE BELOW FO		U.S. MA		DEFENDANT	(415) 5 OT WI	522-2067 RITE BELOW	4/30	/08
SPACE BELOW FO	R USE OF	District of Origin	RSHAL O	NLY DO NO	(415) 5 OT WI	522-2067 RITE BELOW	4/30	/08 LINE
SPACE BELOW FO	R USE OF	District of Origin	District to Serve	NLY DO NO Signature of Author	(415) 5 OT WF orized USM	S22-2067 RITE BELOW 1S Deputy or Clerk	4/30.7 THIS	Date
SPACE BELOW FO	R USE OF Total Process have personally ation, etc., at the	District of Origin No	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remarks oration, etc. shown at the	4/30. 7 THIS	Date
SPACE BELOW FO	R USE OF Total Process have personally ation, etc., at the	District of Origin No	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remarks oration, etc. shown at the	4/30. 7 THIS	Date
SPACE BELOW FO	R USE OF Total Process have personally ation, etc., at the	District of Origin No	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS	Date Date cess described inserted below.
SPACE BELOW FO	Total Process have personally ation, etc., at the I am unable to low (if not shown about the content of the co	District of Origin No v served , h: address shown ocate the indivisions.	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE prized USM	as shown in "Remarks oration, etc. shown at the lee remarks below) A person of suit then residing in	4/30/ 7 THIS	Date Date cess described inserted below. Indidiscretion 's usual place
SPACE BELOW FO	Total Process have personally ation, etc., at the I am unable to low (if not shown about the content of the co	District of Origin No v served , h: address shown ocate the indivisions.	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE prized USM	as shown in "Remarks oration, etc. shown at the remarks below) A person of suit then residing in of abode	4/30. 7 THIS 7 THIS 8", the proper address address address are address. Time	Date Date Cess described inserted below. Ind discretion is usual place
SPACE BELOW FO	R USE OF Total Process have personally ation, etc., at the I am unable to le (if not shown above) that ges Forward	District of Origin No y served , h. address shown ocate the indivisions)	District to Serve Noave legal evidence in above on the on	NLY DO NO Signature of Author e of service, have the individual, comp	OT WE orized USM e executed pany, corpord above (S	as shown in "Remark: oration, etc. shown at the residing in of abode Date	s", the prohe address addefendant	Date Date Cess described inserted below. Ind discretion is usual place
SPACE BELOW FO I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I on the individual, company, corpor. I hereby certify and return that Name and title of individual served Address (complete only different the	R USE OF Total Process have personally ation, etc., at the I am unable to le (if not shown above) that ges Forward	District of Origin No y served , h. address shown ocate the indivisione)	District to Serve No ave legal evidence above on the on idual, company, c	NLY DO NO Signature of Author e of service, □ have the individual, comporation, etc. name	OT WE orized USM e executed pany, corpord above (S	as shown in "Remarks pration, etc. shown at the residing in of abode Date Signature of U.S. Marsh, and owed to U.S. Marsh, a	4/30. 7 THIS 7 THIS 8 s, the proper address table age a defendant Time arshal or I	Date Date Cess described inserted below. Indidiscretion is usual place

PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Armand Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT	_					7	TYPE OF PROCESS		
1	Arnold Schwarzen	egger, et al	l.			S	ummons, Compla	int & O	rder
	NAME OF INDIVI	DUAL, COM	PANY, CO	RPORATION. ETC	. TO SERVE OR DES	CRIPTIC	ON OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE)	N. Clerk, Sergea	nt, Califor	rnia Depa	rtment of Corre	ections & Rehabil	itation,	Salinas Valley Sta	ate Priso	n
AT	ADDRESS (Street o								
•	31625 Hwy 101,	P.O. Box	1050, Sol	edad, California	93960				
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDRE	SS BELOW	Numl	per of process to be		
	-				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	serve	d with this Form 285	3	
P.	rmand Florez O. Box 2022	vio 01202	2022				per of parties to be d in this case	38	
inc	orth Hills, Califorr	11a 91393-	2022			Check on U.	k for service S.A.		
Signature of Atto	orney other Originator	requesting ser	rvice on beh		PLAINTIFF		NE NUMBER	DATE	
					DEFENDANT	(415) 5	522-2067	4/30	/08
SPACE E	BELOW FOR	USE OF	U.S. M	ARSHAL O	NLY DO NO	T WF	RITE BELOW	THIS	LINE
I acknowledge re	eceipt for the total T	otal Process	District of	District to	Signature of Author	ized USM	IS Deputy or Clerk		Date
number of proces (Sign only for US			Origin	Serve					
than one USM 28			No	_ No					
	and return that I ha								
I hereby cer	tify and return that I ar	n unable to lo	cate the indi	ividual, company, c	orporation, etc. named	above (S	ee remarks below)		
Name and title of	f individual served (if r	ot shown abo	ive)				A person of suit then residing in of abode		
Address (comple	te only different than s	hown above)					Date	Time	□ a
							Signature of U.S. M	arshal or l	Deputy
							_		
		Gas Forward	ding Fee	Total Charges	Advance Deposits		nt owed to U.S. Marsh		
Service Fee	Total Mileage Char including endeavors					(A)noi	ant of Refund*)		
Service Fee						(A)noi	ant of Refund*) \$0.0	0	
Service Fee REMARKS:						(A)not	,	00	
				3 -1		(A)noi	,	00	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

I acknowledge number of pro (Sign only for than one USM) I hereby certifon the individ I hereby the individ I hereby the individ Name and title	ereceipt for the total cess indicated. USM 285 if more (285 is submitted)	am unable to lo if not shown above) marges Forward	address shown ecate the individual eve)	above on the on	Signature of Author	e executed pany, corpored above (S	as shown in "Remarks ration, etc. shown at th	able age addendant	Date cess described inserted below. Indidiscretion is usual place a p
I acknowledge number of pro (Sign only for than one USM) I hereby certifon the individ I hereby the individ I hereby the individ Name and title	receipt for the total cess indicated. USM 285 if more (285 is submitted) y and return that I ual, company, corpora certify and return that I of individual served (185 individual serv	have personally tion, etc., at the am unable to lo	Origin No	Noave legal evidence above on the on	Signature of Author	e executed pany, corpo	as shown in "Remarks ration, etc. shown at the ee remarks below) A person of suit then residing in of abode Date	s", the proof address able age a defendant	Date cess described inserted below. Indidiscretion is usual place a p
I acknowledge number of pro (Sign only for than one USM) I hereby certifon the individ I hereby the individ I hereby the individ Name and title	receipt for the total cess indicated. USM 285 if more (285 is submitted) y and return that I ual, company, corpora certify and return that I of individual served (185 individual serv	have personally tion, etc., at the am unable to lo	Origin No	Noave legal evidence above on the on	Signature of Author	e executed pany, corpo	as shown in "Remarks ration, etc. shown at the ee remarks below) A person of suit then residing in of abode Date	s", the proof address able age a defendant	Date cess described inserted below. Indidiscretion is usual place a p
I acknowledge number of pro (Sign only for than one USM) I hereby certifon the individ I hereby the individ I hereby the individ Name and title	receipt for the total cess indicated. USM 285 if more (285 is submitted) y and return that I ual, company, corpora certify and return that I of individual served (185 individual serv	have personally tion, etc., at the am unable to lo	Origin No	Noave legal evidence above on the on	Signature of Author	e executed pany, corpo	as shown in "Remarks oration, etc. shown at the ee remarks below) A person of suit then residing in of abode	able age a	Date cess described inserted below.
I acknowledge number of pro (Sign only for than one USM) I hereby certifon the individ	receipt for the total cess indicated. USM 285 if more (285 is submitted) y and return that I ual, company, corpora	have personally tion, etc., at the am unable to lo	Origin No	Noave legal evidence above on the on	Signature of Author	e executed pany, corpo	as shown in "Remarks oration, etc. shown at the see remarks below)	s", the proone address	Date cess described inserted below.
I acknowledge number of pro (Sign only for than one USM I hereby certif on the individ	ereceipt for the total cess indicated. USM 285 if more (285 is submitted) y and return that I ual, company, corpora	have personally	No ha	Noave legal evidence above on the on	Signature of Author	e executed pany, corpo	as shown in "Remarks ration, etc. shown at th	s", the proo	Date
I acknowledge number of pro (Sign only for	receipt for the total cess indicated. USM 285 if more	Total Process	Origin	Serve		orized USM	IS Deputy or Clerk		
I acknowledge number of pro	receipt for the total cess indicated.	Total Process		1		rized USM	IS Deputy or Clerk		
CDACE	DELUW FUR	COR OF	U.B. MIA	TOTIAL O	71D1 DO 111	O 1 44 I	TIE DELOW	11117	
	RELOW FOR	LISE OF	IIS MA	D THAT			RITE BELOW	4/30/	
Signature of A	ttorney other Originato	or requesting ser	vice on behalf	of:	PLAINTIFF DEFENDANT		NE NUMBER	DATE	100
<u>-</u>									Fold
	STRUCTIONS OR OT e Numbers, and Estim				IN EXPEDITING SE	ERVICE (<u>1</u>	nclude Business and A	<u> Alternate A</u>	
							eck for service U.S.A.		
Armand Florez P. O. Box 2022 North Hills, California 91393-2022							Number of parties to be served in this case 38		
SEND NOTIC	E OF SERVICE COP	Y TO REQUES	LER AT NAM	LE AND ADDRE	SS BELOW		per of process to be d with this Form 285	3	
	31625 Hwy 10								
AT	ADDRESS (Stree					iution, ot	innus vancy state	1113011	
SERVE	•						ON OF PROPERTY TO Alinas Valley State		OR CONDEMN
	Arnold Schwarze						ummons, Compla		
							TYPE OF PROCESS		
DEFENDANT	Armand Florez						COURT CASE NUMB C-07-5763-TEH (P		

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

Armand Florez DEFENDANT Armold Schwarzenegger, et al. SERVE B. Jansen, Sergeant, California Department of Corrections & Read Address (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022 North Hills, California 91393-2022		laint & Order TO SEIZE OR CONDEMN State Prison
Armand Florez P. O. Box 2022	DESCRIPTION OF PROPERTY chabilitation, Salinas Valley Number of process to be served with this Form 285	TO SEIZE OR CONDEMN State Prison
B. Jansen, Sergeant, California Department of Corrections & Read ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022	Number of process to be served with this Form 285	State Prison
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022	Number of process to be served with this Form 285	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022	Number of process to be served with this Form 285	
31625 Hwy 101, P.O. Box 1050, Soledad, California 93960 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Armand Florez P. O. Box 2022	served with this Form 285	
Armand Florez P. O. Box 2022	served with this Form 285	
P. O. Box 2022	served with this Form 285	2
P. O. Box 2022	Number of newice to be	3
P. O. Box 2022		
North Hills, California 91393-2022	served in this case	38
	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING	SERVICE (Include Business and	Alternate Addresses.
All Telephone Numbers, and Estimated Times Available for Service):	····- / MITTING ASSAULTED WITH	
		Fol
ignature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE
DEFENDANT	(415) 522-2067	4/30/08
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO	NOT WRITE BELOV	V THIS LINE
	uthorized USMS Deputy or Clerk	Date
number of process indicated. (Sign only for USM 285 if more		
han one USM 285 is submitted) No No		<u>_</u>
I hereby certify and return that I \square have personally served , \square have legal evidence of service, \square hon the individual , company, corporation, etc., at the address shown above on the on the individual , co		
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. na	amed above (See remarks below)	
Name and title of individual served (if not shown above)	A person of su	iitable age and discretion
		n defendant's usual place
Address (complete only different than shown above)	Date	Time
	6:	
	Signature of U.S. N	Marshal or Deputy
	The second secon	
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposition of the Charges Advance Deposition of the Charges Forwarding Fee Total Charges Advance Deposition of the Charges Total Charges Advance Deposition of the Charges Total Charges Advance Deposition of the Charges Total	Amount owed to U.S. Mars (Amount of Refund*)	shal* or
	(Amount of Refund*)	
including endeavors)		
	(Amount of Refund*)	

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	d Florez						OURT CASE NUMB 07-5763-TEH (P		
EFENDANT							YPE OF PROCESS	/	
	Schwarzenegg	ger, et al.					mmons, Compla	int & Ord	ler
✓ NAM	E OF INDIVIDUA	AL, COMPAN	NY, CORPO	RATION. E	TC. TO SERVE OR DES	SCRIPTION	N OF PROPERTY TO	O SEIZE O	R CONDEM
4					rrections & Rehabi				
	RESS (Street or R.					,	,		
•	5 Hwy 101, P.	O. Box 105	0, Soleda	ad, Califor	nia 93960				
END NOTICE OF SER						Numbe	er of process to be		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			>>> × × × × × × × × × × × × × × × × × ×		with this Form 285	3	
Armand	Florez								
P. O. Box							er of parties to be in this case	38	
North Hi	lls, California	91393-202	.2						
						Check on U.S	for service .A.		
PECIAL INSTRUCTION PECIAL INSTRUCTION PROPERTY IN THE PROPERTY IN THE PECIAL PROPERTY PECIAL P					T IN EXPEDITING SE	RVICE ( <u>In</u>	clude Business and	Alternate A	ddresses.
in Telephone Numbers	, una Lommatea 1	inico i i i i i i i i i i i i i i i i i i	e jor Berrie						Fo
gnature of Attorney oth	er Originator requ	esting service	on behalf	of:	<b>▼</b> PLAINTIFF	TELEPHON	IE NUMBER	DATE	
					DEFENDANT	(415) 52	22-2067	4/30/0	08
SPACE BELO	W FOR US	E OF U.	S. MAI	RSHAL (	ONLY DO NO	T WR	ITE BELOW	THIS	LINE
acknowledge receipt for umber of process indica			strict of	District to Serve	Signature of Author	ized USMS	S Deputy or Clerk		Date
Sign only for USM 285 i	fmore								
han one USM 285 is sub	mitted)	No	)	No					
hereby certify and return the individual, compa				e legal evide			s shown in "Remark		
			ess snown a		nce of service, in have on the individual, comp				
I hereby certify and	return that I am ur	nable to locate		above on the		any, corpor	ation, etc. shown at the		
				above on the	on the individual, comp	any, corpor	ation, etc. shown at the	ne address i	nserted below
lame and title of individ	ual served (if not s	hown above)		above on the	on the individual, comp	any, corpor	ation, etc. shown at the eremarks below)  A person of suit then residing in	ne address i	nserted below
lame and title of individ	ual served (if not s	hown above)		above on the	on the individual, comp	any, corpor	e remarks below)  A person of suit then residing in of abode	able age an	nserted below
lame and title of individ	ual served (if not s	hown above)		above on the	on the individual, comp	any, corpor	e remarks below)  A person of suit then residing in of abode	able age an defendant's	d discretion usual place
lame and title of individ	ual served (if not s	rhown above) 'n above)	the individ	above on the	on the individual, comp., corporation, etc. named	any, corpor	ation, etc. shown at the remarks below)  A person of suit then residing in of abode  Date  Signature of U.S. M	able age an defendant's Time	d discretion usual place
Name and title of individed Address (complete only a Service Fee Total	ual served (if not s	rhown above) 'n above)	the individ	above on the	on the individual, comp	Amoun	ation, etc. shown at the remarks below)  A person of suit then residing in of abode  Date	able age an defendant's Time	d discretion usual place
Name and title of individed Address (complete only a Service Fee Total	ual served (if not s lifferent than show Mileage Charges	rhown above) 'n above)	the individ	above on the	on the individual, comp., corporation, etc. named	Amoun	ation, etc. shown at the remarks below)  A person of suit then residing in of abode  Date  Signature of U.S. Marshot of Refund*)	able age an defendant's  Time  arshal or Description	d discretion usual place
Name and title of individed Address (complete only a Service Fee Total	ual served (if not s lifferent than show Mileage Charges	rhown above) 'n above)	the individ	above on the	on the individual, comp., corporation, etc. named	Amoun	ation, etc. shown at the remarks below)  A person of suit then residing in of abode  Date  Signature of U.S. M	able age an defendant's  Time  arshal or Description	d discretion usual place

PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
- 3. NOTICE OF SERVICE
- BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
   ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Case 3:07-cv-05763-TEH Document 12 Filed 04/30/2008 Page 42 of 42 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

	Florez						COURT CASE NUME C-07-5763-TEH (P		
DEFENDANT							TYPE OF PROCESS		
Arnold 5	Schwarzenegg	ger, et al.				S	Summons, Compla	int & O	rder
NAME	OF INDIVIDUA	AL, COMP	ANY, COI	RPORATION. ET	C. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (	OR CONDEMN
SERVE Best,	Sergeant, Ca	lifornia l	Departme	ent of Correc	tions & Rehabilitat	ion, Sal	inas Valley State I	Prison	
				City, State and ZIP					
31625	Hwy 101, P.	O. Box 1	1050, Sol	ledad, Californ	ia 93960				
SEND NOTICE OF SERV	ICE COPY TO I	REQUEST	ER AT NA	AME AND ADDR	ESS BELOW	Num	ber of process to be	T	
***************************************				***************************************			d with this Form 285	3	
Armand F P. O. Box	2022						ber of parties to be	38	
North Hill	ls, California	91393-2	2022			Chec on U	k for service .S.A.		
Signature of Attorney othe	r Originator requ	esting serv	vice on beh	<u> </u>	PLAINTIFF DEFENDANT		NE NUMBER 522-2067	DATE 4/30	/08
					DEFENDANT	(415) 5	522-2067	4/30	
SPACE BELOV	W FOR US	SE OF		ARSHAL (	DEFENDANT	(415) 5 <b>OT WI</b>	22-2067 RITE BELOW	4/30	
SPACE BELOV tacknowledge receipt for number of process indicate (Sign only for USM 285 if	W FOR US	SE OF	U.S. M.	ARSHAL (	DNLY DO NO	(415) 5 <b>OT WI</b>	22-2067 RITE BELOW	4/30	LINE
SPACE BELOV  I acknowledge receipt for the process indicate (Sign only for USM 285 if than one USM 285 is submitted to the process of the pro	w FOR US the total ed. more iiited)  that I \( \sqrt{\text{have p}} \)	SE OF I	U.S. M. District of Origin No	ARSHAL ( District to Serve No	DNLY DO NO Signature of Authorize of Service, have	(415) 5 OT WI rized USM	S22-2067 RITE BELOW IS Deputy or Clerk as shown in "Remarks	4/30.  7 THIS	Date Date
I acknowledge receipt for inumber of process indicate (Sign only for USM 285 if than one USM 285 is subm.)  I hereby certify and return on the individual, compan	the total and	Process  personally stc., at the a	District of Origin  No	ARSHAL ( District to Serve No	DNLY DO NO Signature of Authorize of Service, have	(415) 5  OT WI  rized USM  executed any, corpo	as shown in "Remarks oration, etc. shown at the	4/30.  7 THIS	Date Date
space below acknowledge receipt for the number of process indicate (Sign only for USM 285 if than one USM 285 is submit the submit the submit the submit to the individual, companing the submit the submit the submit to the submit the submit to the submit	the total dd. more nitted)  Total dd. more nitted)  that I \[ have p y, corporation, eventure that I am united]	Process Dersonally stc., at the anable to loc	District of Origin  No  served , ddress show that the indi	ARSHAL ( District to Serve No	DEFENDANT  DNLY DO NO  Signature of Author  acc of service,  have a ha	(415) 5  OT WI  rized USM  executed any, corpo	as shown in "Remarks oration, etc. shown at the	4/30/ 7 THIS  s", the proche address	Date  Date  cess described inserted below.
acknowledge receipt for the number of process indicate (Sign only for USM 285 if than one USM 285 is submit the submit to the individual, companding the individual, companding the individual of individual and title of individual.	the total ded.  more nitted)  that I have proportion, electurn that I am unal served (if not served)	Process  personally setc., at the anable to loc	District of Origin  No  served , ddress show that the indi	ARSHAL ( District to Serve No	DEFENDANT  DNLY DO NO  Signature of Author  acc of service,  have a ha	(415) 5  OT WI  rized USM  executed any, corpo	as shown in "Remarks oration, etc. shown at the remarks below)  A person of suit then residing in	4/30/ 7 THIS  s", the proche address	Date  Date  cess described inserted below.
SPACE BELOV  I acknowledge receipt for the second process indicate (Sign only for USM 285 if than one USM 285 is submitted in the second process in the se	the total ded.  more nitted)  that I have proportion, electurn that I am unal served (if not served)	Process  personally setc., at the anable to loc	District of Origin  No  served , ddress show that the indi	ARSHAL ( District to Serve No	DEFENDANT  DNLY DO NO  Signature of Author  acc of service,  have a ha	(415) 5  OT WI  rized USM  executed any, corpo	as shown in "Remark: oration, etc. shown at the remarks below)  A person of suit then residing in of abode	s", the protect able age a defendant	Date  Date  Date  cess described inserted below.  Indidiscretion is usual place  a p
SPACE BELOV I acknowledge receipt for the number of process indicate (Sign only for USM 285 if than one USM 285 is submitted in the submitted individual, companing the submitted individual in the submitted individual.  Address (complete only dignerated in the submitted individual).  Service Fee Total Market Space (Service Fee Total Market Individual).	the total ded.  more nitted)  that I have proportion, electurn that I am unal served (if not served)	Process  personally setc., at the anable to loc	District of Origin  No served , ddress show that the indicate)	ARSHAL ( District to Serve No	DEFENDANT  DNLY DO NO  Signature of Author  acc of service,  have a ha	executed any, corporal above (S	as shown in "Remarks oration, etc. shown at the residing in of abode  Date	s", the proche address defendant	Date  Date  Date  cess described inserted below.  Indidiscretion is usual place  a p
SPACE BELOV  I acknowledge receipt for the number of process indicate (Sign only for USM 285 if than one USM 285 is submitted in the submitted individual, companing the submitted individual in the submitted individual. Address (complete only digns of the submitted individual).  Service Fee Total Market SPACE BELOV  The submitted individual in the submitted	the total ded.  more nitted)  that I have p py, corporation, eleturn that I am unal served (if not sufferent than show	personally stc., at the anable to loc	District of Origin  No served , ddress show that the indicate)	ARSHAL ( District to Serve No have legal evider wn above on the oividual, company,	DEFENDANT  ONLY DO NO  Signature of Autho  ace of service, have a the individual, comporation, etc. named	executed any, corporal above (S	as shown in "Remarks pration, etc. shown at the residing in of abode  Date  Signature of U.S. Marsh	4/30. 7 THIS s", the proche address table age a defendant Time arshal or I	Date  Date  Date  cess described inserted below.  Indidiscretion is usual place  a p

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED